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ANNUAL REPORT

of the

Medical Officer of Health

*On the Health and Sanitary Circumstances of the
Borough and Port of Poole*

FOR THE YEAR

1953

JAMES HUTTON, M.D., D.P.H.

Medical Officer of Health of the Borough and Port of Poole

BOROUGH



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Public Health Department
Municipal Buildings
Poole



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PREFACE

Public Health Department,
Municipal Buildings,
Poole.

To the Worshipful the Mayor, and Aldermen and Councillors of the Borough and County of the Town of Poole.

I submit for your information and consideration the report on the health and sanitary circumstances of the Borough and Port of Poole for the year 1953, prepared in accordance with the regulations of the Ministry of Health which prescribe the duties of the Medical Officer of Health. The form of presentation suggested in Circular 1728 of the 25th October, 1938, has been followed. The Report is divided into three parts:

PART I

- A. Statistics and Social Conditions of the Area.
- B. General Provision of Health Services for the Area.
- C. Sanitary Circumstances of the Area.
- D. Housing.
- E. Inspection and Supervision of Food.
- F. Prevalence of and Control over Infectious and Other Diseases.

PART II

The Health and Sanitary Circumstances of Poole Seaport.

PART III

The School Health Services in the Borough of Poole.

APPENDIX

Statistics of the Personal Health Services.

During 1953 the health of the Borough was quite satisfactory. The incidence of the major infectious diseases was low, and there were no deaths from diphtheria, scarlet fever, measles, or the enteric group of fevers. There were 40 cases of poliomyelitis, with one death.

In presenting this report, I wish to express my thanks to the Chairman and members of the Public Health Committee for their kindness and consideration at all times, my fellow officers in other departments, and the staff of my department for their help and co-operation during the year. For his assistance in compiling statistics in this report, my thanks are due to the Chief Sanitary Inspector, Mr. R. Leggat, who has prepared in the main the sections dealing with Sanitary Circumstances, Housing and Food.

JAMES HUTTON,

Medical Officer of Health.

COMMITTEES AND STAFF, 1953

PUBLIC HEALTH AND PORT HEALTH COMMITTEE

Chairman: Alderman D. A. HAYNES, J.P.

Vice-Chairman: Councillor F. V. CRAWSHAW

Aldermen:

S. D. BALLAM
J. BRIGHT, J.P.

A. B. HAYNES, J.P.
Miss M. M. LLEWELLIN, J.P.

Councillors:

L. W. CHISMAN
Mrs. J. D. COLES
R. C. HART
Mrs. E. M. HICKINSON, J.P.

L. J. MATCHAN
S. J. POLLARD
S. J. STOUT
Mrs. A. WILLIS

PUBLIC HEALTH DEPARTMENT

Medical Officer of Health
Port Medical Officer

} JAMES HUTTON, M.D., D.P.H.

Deputy Medical Officer
of Health and Deputy
Port Medical Officer

} JAMES A. SINCLAIR, M.B., Ch.B., D.P.H.

Chief Sanitary Inspector :

ROBERT LEGGAT,
F.S.I.A., Cert. as San. Insp. and Meat and Food Insp.

Sanitary Inspectors:

C. A. TRIM,
Cert. as San. Insp. and Meat and Food Insp.
C. GLOVER,
Cert as San. Insp. and Meat and Food Insp.
R. R. TUCKER,
Cert as San. Insp. and Meat and Food Insp.
F. K. W. FRANCIS,
Cert. as San. Insp and Meat and Food Insp.
R M. IMPETT,
Cert as San. Insp. and Meat and Food Insp.
M. H. STOCKLEY,
Cert. as San. Insp. and Meat and Food Insp.

Clerks:

Mrs. M. FOWLER. Miss S. MACKAY. D. HERBERT. Mrs. B. BURCHETT

Public Analyst: A. S. CARLOS, B.Sc., F.R.I.C., F.C.S.

Veterinary Surgeon: Lt.-Col. J. S. KINGSTON, M.B.E., M.R.C.V.S.

PART I

SECTION A

GENERAL STATISTICS

(1) Area of Borough. 15,641 acres, not including 2,220 acres of tidal waters and foreshore.

(2) Population:

(a) As at Census, 1931 ... 57,211

(b) As estimated by Registrar-General at 30th June, 1953 ... 83,520

(c) National Registration, 1939 ... 77,954

(d) Census 1951. Registrar-General's Preliminary Report ... 82,958

(3) Total number of Inhabited Houses (from Rate Book):

As at December, 1949 ... 23,458

As at December, 1950 ... 23,704

As at December, 1951 ... 24,194

As at December, 1952 ... 24,645

As at December, 1953 ... 24,942

(4) Rateable Value at 1st April, 1953 ... £714,109

Sum represented by a Penny Rate ... £2,841

SOCIAL CONDITIONS AND UNEMPLOYMENT

For recent years the condition of the labour market has been as shown below:

Year	Average of Unemployment	Unemployment as at December
1944	71	100
1945	69	299
1946	246	342
1947	360	430
1948	498	685
1949	495	540
1950	437	493
1951	356	396
1952	507	723
1953	574	707

METEOROLOGICAL REPORT FOR 1953

I am indebted to the Borough Meteorological Observer, Mr. E. J. Carr-Jones, for the following meteorological data :

The weather conditions recorded during 1953 have shown that the weather experienced, has been nearer than last year to the standard of weather expected in this part of the country.

Sunshine

Sunshine in 1953 was slightly less than in the year before, the total number of hours for 1953 being 1,691.9 compared with 1,831.5 in 1952. May was the sunniest month with 222.3 hours, a daily average of 7.17 hours, closely followed by June with 221.7 hours and July with 209.5 hours. The longest period of sunshine was on May 26th, when there were 14.6 hours. December was the dullerest month, having a total of only 43.8 hours, a daily average of 1.4 hours.

Rainfall

The total rainfall for the year was 22.79 inches as against 30.59 inches the year before, a drop of 7.80 inches. The wettest month was October with 3.59 inches, followed by September and July with 2.77 and 2.66 inches respectively. The driest month was March with a total of 0.52 inches.

Temperature

The summer and winter range of temperature was 14°F., the average maximum being 58°F. and the average minimum 44°F.

The warmest month was August, with an average maximum temperature of 71.3°F. January was the coldest month, with an average maximum temperature of 43.6°F. and an average minimum temperature of 32.5°F. The night of the 7/8th February was the coldest during the year, having a minimum temperature of 21°F. The highest maximum temperature of the year was 83°F. on the 29th June.

		Average Max. Temp.	Average Min. Temp.	Rainfall	Sunshine
January ...	...	43.6	32.5	0.92	49.0
February ...	...	46.4	33.5	1.27	78.9
March ...	...	53.3	32.9	0.52	146.1
April ...	...	56.8	39.8	2.26	193.9
May ...	...	64.6	46.9	2.39	222.3
June ...	...	68.9	50.5	2.14	221.7
July ...	...	68.6	54.1	2.66	209.5
August ...	...	71.3	54.1	1.70	167.0
September ...	...	67.2	50.0	2.77	184.0
October ...	...	61.8	44.1	3.59	121.6
November ...	...	54.9	42.6	1.77	54.1
December ...	...	52.1	41.3	0.80	43.8

SUMMARY OF VITAL STATISTICS FOR THE YEAR 1953

As supplied by the Registrar General

				<i>Total</i>	<i>Male</i>	<i>Female</i>
Live Births						
Total registered	...	...	...	1127	602	525
Legitimate ...	...	...	...	1070	574	496
Illegitimate...	...	...	...	57	28	29
Stillbirths						
Total registered	...	...	...	20	11	9
Legitimate ...	...	...	...	16	10	6
Illegitimate	...	...	...	4	1	3
Deaths						
Total registered	...	...	...	1064	525	539
Maternal Mortality ...						
Deaths from puerperal causes :						
Puerperal sepsis	...	...	...	—	—	—
Other puerperal causes	...	...	...	—	—	—
Total	...	...	...	—	—	—
Deaths from Special Causes						
Cancer	...	...	...	195	90	105
Whooping Cough	...	...	...	—	—	—
Measles	...	...	...	—	—	—
Scarlet Fever	...	...	...	—	—	—
Diphtheria	...	...	...	—	—	—
Enteritis (under 2 years of age)	...	...	...	—	—	—
Infant Mortality						
Deaths of infants under 1 year of age :						
Total registered	...	...	...	28	18	10
Legitimate	...	...	...	25	16	9
Illegitimate	...	...	...	3	2	1

	<i>Comparative Statistics (Where available)</i>	
	<i>Poole</i>	<i>England & Wales</i>
Birth Rate per 1,000 estimated resident population, mid-1953	13.90	15.5
Stillbirth Rate per 1,000 population ...	0.24	0.35
Death Rate per 1,000 estimated average population	10.69	11.40
Maternal Mortality Rate per 1,000 total (live and still) births		
Puerperal sepsis	—	0.10
Other causes	—	0.56
Abortion with sepsis	—	0.06
Abortion without sepsis	—	0.04
Death Rate of Infants under 1 year of age		
All infants per 1,000 live births ...	24.84	26.8
Legitimate infants per 1,000 legitimate live births	23.36	—
Illegitimate infants per 1,000 illegitimate live births	52.80	—
Death Rates per 1,000 estimated average population		
Tuberculosis—pulmonary ...	0.18	} 0.20
non-pulmonary ...	0.02	
Cancer	2.33	—
Diphtheria	—	—
Measles	—	12.36
Enteritis (under 2 years) per 1,000 live births	0.01	1.1

CAUSES OF DEATH DURING THE YEAR 1953

(Supplied by the Registrar General)

<i>Causes of Death</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
1. Tuberculosis, respiratory	11	4	15
2. Tuberculosis, other	2	—	2
3. Syphilitic Disease	—	—	—
4. Diphtheria	—	—	—
5. Whooping Cough	—	—	—
6. Meningococcal Infections	—	1	1
7. Acute Poliomyelitis	—	1	1
8. Measles	—	—	—
9. Other Infective and Parasitic Diseases	1	1	2
10. Malignant Neoplasm, Stomach	9	12	21
11. Malignant Neoplasm, Lung, Bronchus	22	6	28
12. Malignant Neoplasm, Breast	—	26	26
13. Malignant Neoplasm, Uterus	—	12	12
14. Other Malignant and Lymphatic Neoplasms	59	50	109
15. Leukaemia, Aleukaemia	6	2	8
16. Diabetes	3	3	6
17. Vascular Lesions of Nervous System	52	96	148
18. Coronary Disease, Angina	97	76	173
19. Hypertension with Heart Disease	12	12	24
20. Other Heart Disease	77	110	187
21. Other Circulatory Disease	14	25	39
22. Influenza	5	8	13
23. Pneumonia	18	14	32
24. Bronchitis	25	9	34
25. Other Disease of Respiratory System	14	4	18
26. Ulcer of Stomach and Duodenum	10	4	14
27. Gastritis, Enteritis and Diarrhoea	4	6	10
28. Nephritis and Nephrosis	3	5	8
29. Hyperplasia of Prostate	17	—	17
30. Pregnancy, Childbirth, Abortion	—	—	—
31. Congenital Malformations	3	3	6
32. Other Defined and Ill-defined Diseases	36	36	72
33. Motor Vehicle Accidents	6	—	6
34. All Other Accidents	10	8	18
35. Suicide	8	5	13
36. Homicide and Operations of War	—	1	1
TOTAL	525	539	1064

Birth-rates, Civilian Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1953. Registrar General's Provisional figures based on Quarterly Returns.

	England and Wales	160 County Borough and Great Towns (including London)	160 Smaller Towns (Resi- dent Population 25,000-50,000 at 1931 Census)	London Admin. County
Births	Rates per 1,000 Home Population			
Live births	15.5	17.0	15.7	17.5
Still births	0.35	0.43	0.34	0.38
	22.4(a)	24.8 (a)	21.4 (a)	21.0(a)
Deaths				
All Causes	11.4	12.2	11.3	12.5
Typhoid and Paratyphoid	0.00	0.00	—	—
Whooping Cough ...	0.01	0.01	0.00	0.00
Diphtheria	0.00	0.00	0.00	—
Tuberculosis	0.20	0.24	0.19	0.24
Influenza	0.16	0.15	0.17	0.15
Smallpox	0.00	0.00	0.00	—
Acute Poliomyelitis (in- cluding Polioencephalitis)	0.01	0.01	0.01	0.01
Pneumonia	0.55	0.59	0.52	0.64
Notifications (corrected)				
Typhoid Fever	0.00	0.00	0.00	0.01
Paratyphoid Fever ...	0.01	0.01	0.01	0.01
Meningococcal Infection	0.03	0.04	0.03	0.03
Scarlet Fever	1.39	1.50	1.44	1.02
Whooping Cough ...	3.58	3.72	3.38	3.30
Diphtheria	0.01	0.01	0.01	0.00
Erysipelas	0.14	0.14	0.13	0.12
Smallpox	0.00	0.00	0.00	—
Measles	12.36	11.27	12.32	8.09
Pneumonia	0.84	0.92	0.76	0.73
Acute Poliomyelitis (in- cluding Polioencephalitis)				
Paralytic	0.07	0.06	0.06	0.07
Non-paralytic	0.04	0.03	0.04	0.03
Food Poisoning	0.24	0.25	0.24	0.38
Puerperal Pyrexia ...	18.23(a)	24.33(a)	12.46(a)	28.61(a)
Deaths	Rates per 1,000 Live Births			
All causes under 1 year of age	26.8(b)	30.8	24.3	24.8
Enteritis and diarrhoea under 2 years of age ...	1.1	1.3	0.5	1.1

(a) Per 1,000 Total (Live and Still) Births.

(b) Per 1,000 related live births.

Maternal Mortality in England and Wales

<i>International List No. and Cause</i>	<i>Rates per 1,000 Total (Live and Still) Births</i>	<i>Rates per million women aged 15-44</i>
A.115. Sepsis of pregnancy, childbirth, and the puerperium	0.10	
A.116. Abortion with toxæmia	0.01	1
Other toxæmias of pregnancy and the puerperium	0.24	—
A.117. Haemorrhage of pregnancy and childbirth	0.13	—
A.118. Abortion without mention of sepsis or toxæmia	0.04	3
A.119. Abortion with sepsis	0.06	4
A.120. Other complications of preg- nancy, childbirth and the puerperium	0.18	—

VITAL STATISTICS — POOLE — 1861 to 1953

Year	Population	Infantile Mortality*	Birth Rate†	Death Rate†	* per 1,000 Births. † per 1,000 of Population. ‡ Census.		
1861	† 9759 §				§ Parishes of St. James, Longfleet, Parkstone, Hamworthy.		
1871	† 10097				|| Borough enlarged by the addition of Branksome Urban District.		
1881	† 12156				L Borough enlarged by the addition of Canford Magna Parish.		
1891	† 15403	78	27.8	14.1	Marriage Rate †	Cancer Death Rate †	Pulmonary Tuberc. Death Rate†
1892	15887	171	29.3	20.7			
1893	16275	165	28.2	17.8			
1894	16662	91	32.2	13.7			
1895	17050	126	29.5	15.1			
1896	17438	116	31.5	14.9			
1897	17826	123	28.6	15.5			
1898	18214	145	28.5	15.3			
1899	18602	163	27.3	17.4			
1900	18991	131	27.7	15.3			
1901	† 19461	93	27.4	13.9			
1902	20095	110	26.7	16.4			
1903	20500	135	27.0	16.1			
1904	21142	109	27.1	17.0			
1905	21804	113	26.7	15.7			
1906	|| 32086	118	30.0	15.1	15.9	—	—
1907	32518	76	27.5	13.1	16.8	—	—
1908	33217	87	26.6	13.8	16.8	—	—
1909	33524	89	27.8	13.9	15.0	—	—
1910	34168	82	26.0	12.7	15.4	—	—
1911	† 38886	126	24.0	14.0	14.1	—	—
1912	40386	88	22.7	10.9	14.6	—	—
1913	41066	82	22.1	11.0	14.2	—	—
1914	41880	77	21.0	11.3	13.6	—	—
1915	42800	93	18.7	13.2	18.6	—	—
1916	42331	76	19.8	13.7	15.6	—	—
1917	42335	91	16.2	13.0	14.5	—	—
1918	43829	84	15.5	14.8	16.3	—	—
1919	41100	62	18.7	12.8	21.0	—	—
1920	43400	75	23.6	10.8	22.0	1.2	0.9
1921	† 43649	73.6	21.8	11.9	16.7	1.2	0.96
1922	43250	79.7	19.5	14.1	16.3	1.4	1.3
1923	43860	60	19.3	11.9	17.6	1.62	1.02
1924	45150	66.3	18.0	11.6	17.3	1.13	0.91
1925	46150	71.7	18.1	11.7	16.7	1.60	0.71
1926	49150	53.4	17.5	11.25	16.3	1.62	0.94
1927	51030	58.1	17.5	12.3	16.0	1.45	0.71
1928	52940	50.2	17.3	11.92	15.1	1.42	0.61
1929	53870	46.3	16.8	13.16	16.8	1.50	0.56
1930	56150	57.6	16.7	12.39	15.4	1.87	0.85
1931	† 57211	43.2	15.85	12.49	16.5	1.81	0.84
1932	58230	55.2	15.8	11.70	15.1	1.58	0.65
1933	L 63510	46.4	16.0	11.71	16.1	1.50	0.61
1934	64380	40.5	15.4	11.48	16.2	1.96	0.50
1935	65600	45.5	15.1	11.7	16.8	1.84	0.79
1936	66820	51.2	16.8	12.1	16.9	1.89	0.55
1937	67990	45.6	15.4	12.1	16.9	1.63	0.39
1938	68860	50.0	14.9	11.49	16.9	1.77	0.46
1939	69890	40.2	14.6	11.41	22.9	1.73	0.51
1940	72820	51.8	14.0	13.1	20.1	2.02	0.51
1941	69960	53.5	15.0	13.5	19.0	2.0	0.51
1942	69940	47.0	17.6	13.5	18.7	1.8	0.56
1943	68200	37.0	17.0	14.1	15.8	2.1	0.44
1944	67810	36.9	19.9	13.06	14.8	1.97	0.54
1945	69880	53.6	18.1	12.9	21.1	2.23	0.43
1946	76330	36.1	19.6	12.26	18.41	1.52	0.59
1947	78720	22.2	21.2	12.4	19.2	1.96	0.46
1948	80480	30.17	16.4	11.12	19.1	1.69	0.41
1949	81130	18.85	15.69	12.38	17.1	1.96	0.29
1950	82140	21.93	14.98	12.64	16.89	2.17	0.32
1951	83000	31.57	14.87	13.53	16.84	1.83	0.19
1952	83270	31.39	14.18	12.54	15.04	2.26	0.28
1953	83520	24.84	13.90	10.50	15.42	2.33	0.18
England & Wales 1953 44,090,000		26.8	15.5	11.40	N.A.	N.A.	0.20

COMMENTS ON VITAL STATISTICS

Deaths

The crude death rate has fluctuated between a maximum of 20.7 per 1,000 population in 1892 and a minimum of 10.8 in 1920. In 1953 it was 12.73 per 1,000 population, but by applying the Registrar General's Comparability Factor of 0.84 it is found that the standardised death rate for Poole is 10.69. (The Comparability Factor for each district is worked out by the Registrar General, the aim being to even out differences in the age and sex distribution of the population of the various districts. The use of this factor enables us to obtain standardised death rates which are more fairly comparable and more accurate than the crude death rates.)

Birth Rate

The birth rate in 1953 was 13.90 per 1,000 population, or 0.1 lower than the lowest figure ever recorded in Poole, of 14 per 1,000 in 1940.

In 1953 the live births exceeded the number of deaths by 63.

Infantile Mortality

The infant mortality rate in 1953 was 24.84 per 1,000 live births. This compares with the rate of 26.8 for England and Wales.

SECTION B

GENERAL PROVISION OF HEALTH SERVICES

Public Health Laboratories

The Medical Research Council of the Ministry of Health directs the Public Health Laboratory Service. One of the constituent laboratories, under the direction of Dr. G. J. G. King, was located at the Municipal Buildings, Poole, until September, 1951, when it was transferred to Boscombe. This laboratory serves the area covered by Bournemouth, Poole, Christchurch, West Hants and East Dorset. During the year 1953, a total of 5,008 specimens from Poole were examined.

The laboratory undertakes the examination of specimens for the diagnosis of cases or suspected carriers of any infectious disease. It also undertakes for public health authorities the bacteriological examination of drinking and swimming-bath water and of milk, ice-cream and other foodstuffs as distributed to the public.

The bacteriologist and the medical officer of health, who is a consultant physician in infectious diseases, work together as an epidemiological team in the investigation of outbreaks of infectious disease in the area.

Ambulance Services

On the 5th July, 1948, the ambulance services of the Borough were transferred under section 27 of the National Health Service Act to the Local Health Authority—Dorset County Council. No radical change in the operation of the service was made. The Poole Section of the Ambulance Service is located at Burlea Towers, 55 Parkstone Road, Poole (Telephone Poole 294), and a day and night service is maintained. The staff, consisting of one supervisor, one deputy supervisor and eleven driver-attendants, are all experienced drivers and qualified in first-aid. Four first line ambulances, two second line ambulances and two Utilicon sitting ambulances were in operation at the end of the year. In the Appendix is given a summary of the calls, cases and mileage from the 1st January to the 31st December, 1953.

Home Nursing

The home nursing services in the Borough were taken over (on the 5th July, 1948) by the Dorset County Nursing Association in their capacity as agents for the Dorset County Council in maintaining a Home Nursing Service. The Poole District Nursing Association ceased to exist as a separate entity, and the staff were merged with the Dorset County Nursing Association. The headquarters of the Home Nursing Service in Poole are at 464 Ashley Road, Parkstone (Telephone Parkstone 1948).

The following districts of Poole are covered by the Home Nursing Service:

Old Town, Hamworthy, Longfleet, Oakdale, Broadstone, Upper Parkstone, Central Parkstone, Lilliput, Sandbanks, Branksome and Canford Cliffs.

A total of 44,788 visits was paid during 1953, and the number of individual cases attended was 1,857.

Clinics and Treatment Centres in 1952

(a) School Clinics

67 Market Street, Old Town	Monday and Thursday, 9 a.m.
The Clinic, Shillito Road, Parkstone	Tuesday and Friday, 9 a.m.
Hamworthy School, Blandford Road	Tuesdays, and Fridays 9 a.m. during school sessions
Henry Harbin School	2nd and 4th Thursdays 9 a.m. during school sessions.
Broadstone Women's Institute	Wednesday 9 a.m. during school sessions.
Kemp Welch School	Wednesday 9 a.m. during school sessions.
Herbert Carter School	Tuesday and Fridays, 10.45 a.m.
Trinidad School	Monday, 2.15 p.m.
Sylvan School	Tuesday, 2.15 p.m.

(b) Ante-Natal and Post-Natal Clinics

67 Market Street, Old Town	3rd Monday, 2 p.m.	} By Appointment
The Clinic, Shillito Road, Parkstone	1st Friday, 10.0 a.m.	

(c) Contraception Clinic

Burlea Towers, Parkstone Road,	Mondays, 10 a.m. By appointment.
--------------------------------	----------------------------------

(d) Infant Welfare Centres

The Clinic, Shillito Road, Parkstone	Tuesday and Friday, 2 p.m.
*67 Market Street, Old Town	Wednesday, 10.30 a.m.
*Church Hall, Creekmoor	2nd and 4th Tuesday (monthly) 2 p.m.
*Methodist Church Hall, Wallisdown	2nd and 4th Thursdays (monthly), 2 p.m.
*Methodist Schoolroom, Broadstone	2nd and 4th Thursday (monthly) 2 p.m.
*Newtown Conservative Hall, Ringwood Road	1st and 3rd Thursdays (monthly), 2 p.m.
*St. George's Hall, Oakdale	1st and 3rd Tuesdays (monthly) 2 p.m.
*Hamworthy School	2nd and 4th Wednesdays (monthly) 2 p.m.
*Longfleet Congregational Church Hall	1st and 3rd Wednesdays (monthly) 2 p.m.
*Church of Good Shepherd, Rossmore	Thursday, 10.30 a.m.
*St. John Ambulance Brigade Headquarters, 4 St. Peter's Road, Parkstone.	1st and 3rd Thursdays (monthly) 10.30 a.m.
St. Aldhelm's Church Hall	1st Monday (monthly) 2 p.m.
Waterloo Community Hall, Plantation Road, Waterloo	1st and 3rd Tuesdays (monthly) 2 p.m.

- (e) **Diphtheria Immunisation**
 The Clinic, Shillito Road, 2nd and 4th Wednesdays (monthly)
 Parkstone 2 p.m.
*and at the Child Welfare Centres marked * above*
- (f) **Orthopaedic Clinic**
 67 Market Street, Old Town Four sessions Weekly—Physical
 Medicine.
 Surgeon's Clinic Monthly.
- (g) **Ophthalmic Clinic**
 Torvaine, St. Peter's Road,
 Parkstone Three sessions weekly
- (h) **Orthoptic Clinic**
 Torvaine, St. Peter's Road,
 Parkstone Six sessions Weekly
- (i) **Speech Therapy Clinic**
 Torvaine, St. Peter's Road,
 Parkstone One session Weekly.
 Herbert Carter School, One session Weekly.
 Blandford Road, Hamworthy
 Henry Harbin School, One session Weekly.
 Wimborne Road, Poole
- (j) **Child Guidance Clinic**
 Poole Clinic, 67 Market Street Two sessions Weekly.
- (k) **Asthma Clinic**
 Branksome Clinic,
 Shillito Road, Parkstone One session Weekly.

Hospitals

Poole General Hospital, Longfleet Road,	Medical, surgical and children's beds	167
	Maternity beds	28
Alderney Infectious Diseases Hospital, Ringwood Road	Infectious disease beds ...	60
St. Mary's Hospital, St. Mary's Road	Medical beds	110
Parkstone Sanatorium, Castle Hill	Tuberculosis beds (female patients)	31

MATERNITY AND CHILD WELFARE SERVICES

Organisation

These services were transferred to the Dorset County Council, the Local Health Authority, on the 5th July, 1948, the Medical Officer of Health remaining in administrative charge as Poole Area Medical Officer. He is assisted by his Deputy and an Assistant County Medical Officer. The Nursing Services are under the general supervision of the County Nursing Superintendent, assisted by the Superintendent Health Visitor, Poole.

Ante-natal Clinics

During 1953, combined Ante-natal and Post-natal Clinics were held monthly at both Old Town and Branksome Clinics for the benefit of expectant mothers under the care of domiciliary midwives.

Maternal Mortality

There were no maternal deaths in the Borough during 1953.

Infantile Mortality

There were 1,127 live births in the Borough in 1953 and 28 deaths of infants under a year, giving an infantile mortality rate of 24.84. The rate for the country as a whole was 26.8.

Hospital Accommodation for Maternity Cases

Poole General Hospital has 28 maternity beds, a number far below that required for the population served in Poole and East Dorset. Cases in which, for social reasons, confinement cannot take place at home are referred to the Bed Service Bureau of the Hospital Management Committee for allocation of maternity beds. Cases in which there are medical reasons for a hospital confinement are referred to the General Hospital.

Diphtheria Immunization

An effort is made to ensure that all children are immunized against diphtheria before reaching the age of one year. The Local Health Authority is responsible for this service and details of the number of children immunized during the year are given in the Appendix.

Domestic Help

A Home Help Service was begun in Poole in 1945. This service became the responsibility of the Dorset County Council on the 5th July, 1948.

Day Nurseries

During the war there were three Day Nurseries in Poole. Since the 1st April, 1946, there has been only one Day Nursery in the Borough, providing accommodation for 50 children between the ages of 2 and 5. Admission is limited as far as practicable to the children of widowed, single, separated or divorced women, who must work to support their children. This service has been the responsibility of the Local Health Authority, Dorset County Council, since the 5th July, 1948.

National Society for the Prevention of Cruelty to Children

The N.S.P.C.C. has a full-time Inspector for the Poole and East Dorset area. The Health Department has always found the Society's Inspector very ready to co-operate in cases of medical neglect, and most helpful in following up such cases, and in dealing with difficult and careless parents.

The Report of the Inspector on the cases dealt with by the N.S.P.C.C. during 1953 is as follows:

Cases: Neglect	...	...	69
Ill-treatment	...	...	8
Advice sought	...	...	30
			<hr/>
Total	...		107
			<hr/>

The number of children concerned in these cases was 310, and 874 visits of supervision were made. There was one prosecution for neglect.

Nursing Homes

In 1927 the supervision of Nursing Homes was delegated by the Dorset County Council to the Poole Council. In 1949 this delegation was cancelled and the Dorset County Council resumed its duties in respect of Nursing Homes.

SECTION C

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY

There are four systems of water supply in the Borough:

Poole Waterworks Undertaking.—This serves over 90 per cent. of the population.

Bournemouth and District Water Company.—This serves the parts of the Borough adjoining Bournemouth and Wimborne and supplies between 7,000 and 8,000 people.

The Canford School Supply.—This private system supplies about 600 people in Canford Magna.

Private Supplies.—Spring or well supplies in the outlying rural areas of the Borough.

Some notes on these four systems are given below:

(a) Public Water Supplies

Poole Waterworks Undertaking

The Annual Report for 1949 contained some notes on the history of the Poole Water Undertaking by the Waterworks Engineer and Manager, Mr. Richard S. Rendle, M.Inst.C.E., A.M.I.Mech.E.

The main water supply for the district is provided by the Poole Corporation Waterworks. The supply is obtained from a well 170 feet deep in the Upper Chalk at Corfe Mullen, near Poole. The water is hard, but is softened by a modern "cold lime" process, then rapid filtered and finally chloraminated to give residuals of chlorine throughout the area of supply. Apart from a short spell in the summer, the quantity of water during the year was sufficient for all purposes and the water supplied maintained a high and consistent standard of purity.

During the year 143 samples of the treated water were taken from consumers' taps by the Sanitary Inspectors for bacteriological examination at the Public Health Laboratory, Bournemouth, and on all occasions the water was reported as "Class I". (Ministry of Health Report No. 71 (1939) Classification). 166 samples taken by the Waterworks' Chemist during the same period were without exception within the standard of "Class I". Four complete chemical analyses made during the year by the Public Analyst were reported as satisfactory. A copy of one of these analyses is given below. Throughout the year a daily check of residual chlorine was made at all points of the area of supply, and in the control of the treatment plant samples were taken by the Waterworks Department every 6 hours.

During 1953, 49 bacteriological examinations of the raw water were made in the Waterworks Laboratory — of these:

11 samples were within				Class I
11	„	„	„	Class II
15	„	„	„	Class III
12	„	„	„	Class IV

B.Coli. Type I, was demonstrated in 5 of the above samples. The maximum number of coliform bacteria was in the neighbourhood of 75 per 100 ml., and invariably followed abnormal rainfall.

As the water is derived from the upper chalk, it has no plumbosolvent action.

Within the area of supply in the Borough all houses are supplied direct and none by means of standpipes. 9,900 yards of main were laid during the year and the amount of water supplied was 941 million gallons.

Certificate of Analysis

of a sample of water from the Poole Corporation Waterworks supply on the 9th December, 1953.

I hereby certify that I have examined the above mentioned sample with the following results:

Chemical Analysis (results expressed in parts per million)

Ammonia, free	...	...	...	...	...	...	0.103
„ albuminoid	...	...	...	...	...	...	0.07
Nitrites	...	...	...	...	...	...	absent
Nitrates	...	...	...	...	...	...	4.7
Oxygen absorbed in 15 mins. at 80° F.	...	...	...	...	...	...	0.033
„ „ „ 4 hrs. „ „	...	...	...	...	...	...	0.212
Chlorine	...	...	...	...	...	...	24.0
Chlorine as Sodium Chloride	...	...	...	...	...	...	38.5
Hardness, temporary	...	...	...	...	...	...	135.0
„ permanent	...	...	...	...	...	...	20.0
„ total	...	...	...	...	...	...	155.0
Total solids	...	...	...	...	...	...	220.0
pH value	...	...	...	...	...	...	7.4
Metals	...	...	...	...	...	...	absent
Colour	...	...	...	...	...	...	clear and bright
Odour	...	...	...	...	...	...	none
Free chlorine	...	...	...	...	...	...	0.05

Bacteriological Examination:

Coliform Organisms grown at 37° C. in 48 hrs. per 100 ml.	...	...	...	Absent
Colonies grown at Agar Agar at 37° in 48 hrs	...	...	...	1 per ml.
Colonies grown at Agar Agar at 22° in 72 hrs.	...	...	...	4 per ml.

Remarks:

The above results are very satisfactory, both chemically and bacteriologically and in my opinion the water is eminently suitable as a Public Supply for both drinking and domestic purposes.

(Signed) ARTHUR S. CARLOS, B.Sc. (Lond.), F.R.I.C.,
Public Analyst.

Bournemouth and District Water Company

On the eastern and northern boundaries of the Borough about 2,000 houses are within the supply area of the Bournemouth and District Water Company. In 1953, 23 samples of this supply were taken by the Sanitary Inspectors for bacteriological examination at the Public Health Laboratory, Bournemouth and all found to be of the standard of Class I.

The supply was ample throughout the year. A copy of a recent chemical analysis of this water is given below:

Certificate of Analysis

of a sample of water received on the 26th November, 1953, from Bournemouth & District Water Company.

B.Coliform P.N. in 100 c.c's. ...	0	Colour (Burgess Scale) ...	...	17
Agar Cultures 24 hours at 37°C.	1	Filtrability Index ...	...	—
Agar Cultures 48 hours at 37°C.	3	pH ...	...	7.87
Agar Cultures 72 hours at 22°C.	2	Electrical Conductivity at 20°C.	...	420
Cl.Welchii Reaction ...	—	Residual NH ₂ CL ...	...	0.16

Results in Parts Per Million :

Chlorine in Chlorides ...	18.0	Free Carbon Dioxide ...	Nil
Nitrogen in Nitrates ...	3.0	Alkalinity as CaCO ₃ ...	204.0
Nitrogen in Nitrites ...	0.09	Silica as SiO ₂ ...	16.0
Free Ammonia ...	0.021	Iron as Fe ...	Nil
Ammoniacal Nitrogen ...	0.017	Total Solids — Suspended ...	—
Albuminoid Ammonia ...	0.044	Total Dissolved Solids ...	282.0
Albuminoid Nitrogen ...	0.036	Total Hardness ...	242.0
Oxygen Absorbed (4 hrs. at 37°C.)	0.68	Carbonate Hardness ...	204.0
Dissolved Oxygen ...	11.0	Noncarbonate Hardness ...	38.0

(b) Private Water Supplies

In the Northern area of the Borough a population of about 600 in Canford Magna is supplied with water from a private supply belonging to Canford School. The supply is taken from a steel-lined artesian borehole in the underlying chalk at Canford and the water is hard. Automatic chlorination is carried out before distribution.

During the year 46 samples of treated water were taken for bacteriological examination. Two samples were reported as Class III (3 Coli ; non-faecal type) due to breakdown in chlorination. The remaining 44 samples were all Class I.

43 samples of the raw water were obtained during the year. Of these 25 were reported as Class I, 3 as Class II, 8 as Class III and 7 as Class IV. Faecal coli were absent in all samples.

A copy of a recent chemical analysis of this water is given below :

“Certificate of Analysis of a sample of WATER marked Canford School Supply, received from the Public Health Department, Poole on 17th February, 1953—(expressed as parts per million)

Ammonia, free	...	...	...	...	0.182
„ albuminoid	...	...	...	...	0.024
Nitrites	...	...	...	...	Trace
Nitrites, as Nitric Nitrogen	...	...	...	...	4.93
Oxygen absorbed in 15 mins. at 80°F.	...	...	...	...	0.185
Oxygen absorbed in 4 hours at 80°F.	...	...	...	...	0.462
Chlorine	...	...	...	...	35.5
as Sodium Chloride	...	...	...	...	58.5
Hardness, temporary	...	...	...	...	230.25
„ permanent	...	...	...	...	43.6
„ total	...	...	...	...	273.25
Total Solids	...	...	...	...	377.0
Ph Value	...	...	...	...	7.2
Metals	...	...	...	...	Iron, copper, zinc, lead ; Absent.
Colour	...	...	...	...	Very pale yellow and clear.
Odour	...	...	...	...	None.

Remarks:

This a hard water and contains a small amount of organic matter.

The above figures indicate no sign of pollution, and in my opinion, from a chemical point of view, the water is satisfactory for both drinking and domestic purposes.

(Signed) ARTHUR S. CARLOS, B.Sc. (Lond.), F.R.I.C.,

Public Analyst.

30th December, 1953.

DRAINAGE AND SEWERAGE

There are four main sewerage systems in the Borough. The principal system drains Poole, Longfleet, Parkstone and Sandbanks and discharges into the sea at Shore Road. Another major system drains Newtown, Rossmore, Wallisdown, Branksome and Canford Cliffs and discharges into the sea at Branksome Chine. At Sandbanks the outfall is 1,800 feet from the shore and at Branksome Chine 1,050 feet. At both outfalls discharge is by pumping at all tides, the sewage being treated by disintegration and chlorination carried out in the pumps on the shore end of the outfall sewers.

Two smaller areas, Broadstone and Hamworthy, are drained separately to sewage disposal works. Broadstone is drained to works at Creekmoor from which the filtered effluent is discharged into Holes Bay near Fleets Bridge. With the construction of the Waterloo housing estate these works are grossly overloaded. The reconstruction and enlargement of these works has been approved by the Ministry of Housing and Local Government and work on this is expected to commence some time in 1954.

Hamworthy is drained to a smaller and older disposal plant on the southern shores of Holes Bay and effluent discharged into Holes Bay. Here, also, owing to housing development in the area the works have become grossly overloaded. It is now proposed to eliminate these works and to pump the sewage of the Hamworthy area direct to the proposed new Broadstone sewage disposal works.

Sewerage in the Borough is on the "separate" system, separate sewers being provided for soil and road surface water drainage. Roof and surface water drainage from individual premises is chiefly disposed of in soakaways.

The greater part of the Canford area and the western end of Hamworthy, approximately 7,000 acres in extent and mostly semi-rural in character, are unsewered and in these areas drainage is mainly by cesspools, septic tanks or small disposal plants.

Except for the sewerage of the Council's new housing estates no major works of sewerage were carried out in 1953. The position regarding the schemes to deal with the major unsewered areas of the Borough is as follows :

Hamworthy

Drainage conditions at the western end of Hamworthy constitute a serious nuisance. Most of the houses are provided with inadequate or defective cesspools and about one third have pail closets with or without elementary sullage water drainage systems. No improvement in these conditions can be secured until the reconstruction of the Broadstone Works is completed and the pumping main from Hamworthy to Creekmoor constructed and in the interests of public health it is essential that this should be done as quickly as possible.

Waterloo

Drainage conditions in the major portion of Waterloo are similar to those at Hamworthy and again improvement of conditions is dependent on the reconstruction of the Broadstone works.

Merley, Canford Magna and Bearwood

Outline schemes have been prepared for the sewerage of these areas, but until the alternative sites have been approved for the disposal works for the Wimborne Urban District Council and the Wimborne and Cranborne Rural District Council sewerage schemes no further progress can be made with the sewerage of the areas on the Poole side of the River Stour. The existing cesspool drainage systems in these three areas are a chronic nuisance, but at Bearwood a serious potential danger to public health exists. Most of the houses are drained to septic tanks and soakaway cesspools systems, constructed before the area was taken over by the Borough of Poole, and sited in such close proximity to streams and watercourses that pollution of these is almost inevitable.

The risks attendant upon the lack of sewerage in these rapidly growing areas of housing development in the semi-rural districts of the Borough have been stressed in every Annual Report of the Medical Officers of Health of the Borough since 1933, but the risks still remain and the sewerage of these areas appears to be as far from realisation now as it was twenty years ago.

The joint scheme for the interception and treatment of sewage being discharged into Poole Bay from the three Boroughs has been deferred indefinitely but the Council are investigating the practicability of an independent scheme for the diversion of sewage from the Borough away from the bay for treatment elsewhere.

CLOSET ACCOMMODATION

There are 683 cesspools and 244 pail-closets in the Borough, distributed as follows:

					<i>Cesspools</i>	<i>Pail Closets</i>
Canford (development areas)	...	...	...	...	343	47
Canford (isolated houses)	...	...	...	...	106	44
Broadstone ...	...	...	...	...	4	2
Waterloo ...	...	...	...	...	87	19
Creekmoor	...	...	...	...	16	28
Hamworthy	...	...	...	...	109	66
Parkstone, etc.	...	...	...	...	18	38
					<hr/>	<hr/>
					683	244
					<hr/>	<hr/>

During 1953, 11 cesspool drainage systems were connected to the sewer. 35 new cesspools were constructed.

The Council provides a full cesspool-emptying service for the unsewered areas of the Borough. Most of the pail closets are also emptied by the Council, but at a number of isolated houses in the semi-rural areas the closets have to be emptied by the occupier and the contents buried in the gardens. This practice must be condemned as likely to aid the spread of infectious disease and parasitic infestations.

Cesspools and pail closets are not only a primitive method of sanitation for a progressive urban area, they are an expensive anachronism which may at any time become a menace to public health.

PUBLIC CLEANSING

These services are carried out by the Borough Engineer's Department under the direction of the Roads & Engineering Committee. I am indebted to the Borough Engineer for the following summarised figures applicable to the year ending 31st March, 1954.

House Refuse Collection and Disposal (combined)

Net cost for year 1953-54	...	...	...	£50,334
Net cost per ton collected	...	...	...	£2 15s. 2d.
Net cost per 1,000 of population	...	...	...	£602 13s. 2d.
Net cost per 1,000 premises	...	...	...	£1,884 10s. 8d.
Cwts collected per 1,000 population per day				11.98 cwts
Tonnage of refuse collected for year	...	...	...	18,249 tons

Street Cleaning and Gulley Cleaning

Total mileage of roads cleaned	...	...	...	138 miles
Net cost per mile	...	...	...	£1 11s. 10d.
Net cost per 1,000 population	...	...	...	£216 12s. 4d.
Net cost per 1,000 gullies cleansed	...	...	...	£118 1s. 4d.
Net cost per 1,000 population	...	...	...	£27 13s. 5d.

RIVERS AND STREAMS

The Canford area contains a number of watercourses and streams which flow through unsewered development areas and then through dairy farm areas to the River Stour.

The River Stour forms the northern boundary of this area. The river is known to be subject to pollution, but there is no known source of pollution on the Poole side of the river. The only sewage disposal works within the Borough boundary in this area is at Canford School. After full biological treatment the final filtrate from this plant is chlorinated before discharge into a stream which discharges into the River Stour at Knighton, about one mile distant. This effluent and stream is sampled regularly for residual chlorine and bacteriological examinations and the results are uniformly highly satisfactory.

In this area there are over 300 cesspools or septic tank drainage systems, many of which are situated in very close proximity to water courses and streams. Since the area was taken over in 1933 all known sources of direct pollution of streams have been cut out, but many of the cesspools and septic tanks are situated so close to watercourses that indirect pollution through soakage and sub-soil percolation is almost inevitable and direct pollution from overflowing cesspools may occur at any time. This ever-present risk of pollution of streams in this area forms a source of potential danger which will not be removed until the area is sewered.

Very careful attention is now paid to the disposal of sewage from new buildings in this area. New septic tank systems are not permitted. Sewage disposal plants are only approved where the area, level and nature of the site are suitable, the filters fitted with automatic distributors and the filtrate disposed of by sub-irrigation. Filtered effluents are permitted to discharge direct to streams and ditches only where the effluent is effectively sterilised by automatic chlorination. Where these conditions cannot be fulfilled watertight cesspools of adequate capacity (not less than 2,000 gallons) are required.

43 samples of river, stream and lake waters were taken during the year for bacteriological examination for evidence of sewage pollution. 11 samples were taken for analysis for evidence of chemical contamination.

SANITARY INSPECTION OF THE AREA

In 1953, the Sanitary Inspectorate of the Borough consisted of one Chief Inspector, five District Inspectors and one Meat Inspector. The Meat Inspector was engaged wholly on meat inspection duties at the Ministry of Food Slaughterhouse. The District Inspectors carry out all the normal duties of Sanitary Inspectors and in addition the duties of Food Inspectors, Food and Drugs Sampling Officers and Diseases of Animals Inspectors for the Borough. The Chief Sanitary Inspector and one district inspector have also duties as Port Sanitary Inspector and Deputy Port Sanitary Inspector respectively.

To carry out effectively the normal sanitary inspection of an area, a minimum of one sanitary inspector per 10,000 population was recommended by the Local Government Board in 1910. Since then the duties have increased considerably and are likely to increase still further in the very near future as the result of new legislation. The population of the Borough is 85,000 and the maximum number of inspectors available for normal district duties is five, i.e. one inspector per 17,000 population. This number is very inadequate having regard to the duties to be carried out and the sanitary circumstances of the Borough. The staff of inspectors is barely sufficient for dealing with complaints and the more pressing of the day-to-day sanitary work, and leaves no margin for the regular routine work necessary for steady and progressive improvement in the sanitary circumstances of the Borough. If this improvement is to be obtained an increase in the number of inspectors is essential.

The total number of visits and inspections made by the sanitary inspectors during the year was 16,606.

903 complaints were received and investigated.

A summary of the work of the sanitary inspectors during the year is given in the following Tabular Statement:

Industrial hygiene (cont.):

Offensive trades ...	...	...	...	...	...	...	2
Rag flock premises ...	...	...	...	...	...	...	4
Smoke abatement ...	...	...	...	...	...	...	135

Public places :

Places of public entertainment	...	...	...	...	...	10
Public conveniences ...	...	...	...	...	...	293
Schools ...	...	...	...	...	...	51
Swimming pools ...	...	...	...	...	...	68

Refuse :

Offensive accumulations	...	...	...	...	...	143
Dustbins ...	...	...	...	...	...	22

Water Supply :

Supplies ...	...	...	...	...	...	141
Sampling ...	...	...	...	...	...	282

General :

Persons in need of care ...	...	...	...	...	...	25
General visits .....	...	...	...	...	...	1001
Interviews ...	...	...	...	...	...	457
Total number of inspections and visits	...	...	...	...	...	16606

Work done

Housing:

No. of houses inspected for housing defects ...	...	...	531
No. of houses recorded under Housing Regulations	...	...	95
No. of houses requiring repair ...	...	...	360
No. of houses repaired without formal action	...	...	280
No. of houses repaired after formal action ...	...	...	27

Drainage:

Choked drains cleared ...	...	...	...	181
Drains altered, repaired or reconstructed	...	...	...	188
Drains tested ...	...	...	...	352
Certificate tests carried out ...	...	...	...	30
Cesspools repaired or reconstructed ...	...	...	...	3
Cesspool drainage connected to sewer	...	...	...	11

Disinfections, etc., carried out:

Infectious diseases	...	...	...	...	...	...	432
Verminous premises	...	...	...	...	...	...	58
Insect pests, etc.	...	...	...	...	...	...	87

General:

Food premises—number where defects remedied	...	...					138
Industrial premises—number where defects remedied	...						68
Premises on which animals kept—number where defects remedied	...	...	...	...	...	...	52
Other premises—number where defects remedied	...						89
Premises cleared of vermin or pests (other than rodents)	...						145
Complaints investigated	...	...	...	...	...		903

SHOPS AND OFFICES

Owing to shortage of staff it has still not been possible for the Sanitary Inspectors to carry out a systematic survey and inspection of all shops (other than food shops), but some 200 premises were inspected and in 9 instances notices were served for improvement of conditions.

20 visits were paid to offices and in one instance action was taken in regard to the defective condition of the sanitary conveniences.

CAMPING SITES

There are no licensed camping sites in the Borough and the only authorised sites in use during the year were the temporary camps of recognised youth organisations. Generally speaking, these presented no difficulties. Two organisations have been given temporary Town Planning consent for the use of the sites for tented camps for a maximum period of 42 days, and a maximum number of 150 persons. The camps are under strict control and no trouble has been experienced.

During the last two or three years the Council have had under consideration the development of land as sites for holiday camps and have decided, as a matter of policy, to permit such development only where the Council own the land and lease it for development by private persons on approved lines. By this policy the Council hope to retain effective control of the camps and restrict their use to bona-fide holiday caravanners and prevent nuisance or deterioration of the amenities of the district.

Having regard to the present difficult housing position and the number of applications received for permission to use caravans as temporary housing accommodation the Council decided as a matter of general policy to issue licences for the use of caravans as temporary accommodation in the case of persons genuinely in need of housing accommodation who are owners of building plots and prepared to build as soon as a licence is received and who undertake to comply with the Standard Sanitary Conditions prescribed by the Council. This policy meets the need of the genuine temporary caravan dweller without weakening the Council's control over caravan dwellings generally. 6 licences were issued during the year under this arrangement and one of these was still in operation at the end of the year.

It was again necessary, in a number of instances, to take action under section 269 of the Public Health Act, 1936, to prevent the use of unsuitable sites and premises for temporary housing accommodation.

The presence of large tracts of heath in the outlying parts of the Borough has always been an attraction for gipsies and gipsy-type families. The latter in particular frequently try to "squat" on the outlying heath and lanes, but by keeping such areas under constant observation and acting promptly in conjunction with the owners of the land it has been possible so far to prevent the establishment of any camps or settlements of this type.

SMOKE ABATEMENT

The experience of London in December, 1952, proved to even the most sceptical that atmospheric pollution can be a public health problem of the first magnitude.

As yet the atmosphere in the vicinity of Poole has not become vitiated to the same extent as in London or some of our larger industrial centres. It is essential that every effort should be made to keep it as clean and wholesome as possible lest the onward march of indus-

trial progress bring with it a factor which has done more than any other to despoil what were at one time the most beautiful areas in our country.

The new electricity power station on the shores of Holes Bay, Hamworthy, is now complete, and during 1952 it came into full operation. The plant has a capacity of 200,000 kilowatts and the coal consumption of the eight pulverised fuel boiler units is 350,000 to 400,000 tons of coal per year.

In view of the development of the power station it was decided in 1949 that information should be obtained of the state of atmospheric pollution in the Borough before the new station came into operation and of the conditions afterwards. After consultation with the Director of the Observations at the Fuel Research Station, Greenwich, it was decided to carry out the recordings at four stations, now increased to five, each equipped with a deposit gauge and one lead-peroxide instrument. The recordings were started on the 1st February, 1950, and are still continuing. The stations are maintained by the Sanitary Inspectors but all measurements and analyses of deposits are carried out by the Public Analyst, Mr. A. S. Carlos, B.Sc., F.R.I.C. whose report on the recordings for 1953 is appended :—

Report on Investigation of Atmospheric Pollution in the Borough of Poole for the year 1953

As in the previous three years, observations were carried out every month at the following Stations :—

Station I. Old Council Offices, Market Street.

Station II. Central Fire Station.

Station III. Municipal Buildings.

Station IV. Poole Cemetery.

These stations are situated in the path of the prevailing south-westerly wind, in an approximate line from the Electric Power Station at Hamworthy. The Power Station has been in full operation during the whole of the year under review.

In September a fifth station was added, situated at the Swimming Baths, Park Lake Road. In this Report this station is referred to as

Station V, Swimming Bath. This station is in proximity to the Gas Works at Poole.

The investigation, as in past years, consisted of :—

- (a) Collecting and determining the rainfall.
- (b) Estimating the solid deposited with the rain and dividing these into :
 - (i) Insoluble Combustible solids, or soot.
 - (ii) Insoluble mineral matter, or grit and ash.
 - (iii) Soluble Solids.
- (c) Estimating the Sulphur Trioxide contained in the atmosphere, which, when in contact with moisture is converted into Sulphuric Acid, which is one of the main factors in corrosion of metals and stonework. It is calculated in milligrams of Sulphur Trioxide falling on an area of 100 sq. centimetres per day.

It should be noted that the solids deposited vary to a considerable extent with the amount of rainfall, since the collection of these depends on the collection of the rain and estimation of the various solids deposited with it.

In the case of Sulphur Trioxide the amount varies very considerably with the atmospheric conditions. The quantity is estimated by absorbing the gas on a specially prepared surface, protected from the rain, but exposed to the wind. Since Sulphur Trioxide is very soluble in water, the quantity which reaches the so called collecting candle will vary very considerably according to whether the atmosphere is wet or dry, and the wind slight or strong.

It will be seen in this report that the results, since observations began, indicate these variations, particularly with regard to rainfall.

Rainfall. Table I gives the total rainfall during the past four years.

Table I — Total rainfall measured in inches

	Old Council Offices	Central Fire Station	Municipal Buildings	Poole Cemetery	Swimming Baths
1950	35.14	30.08	34.48	33.20	—
1951	42.84	35.58	42.54	39.65	—
1952	29.78	26.96	29.70	27.72	—
1953	22.68	18.70	22.70	21.77	6.37*

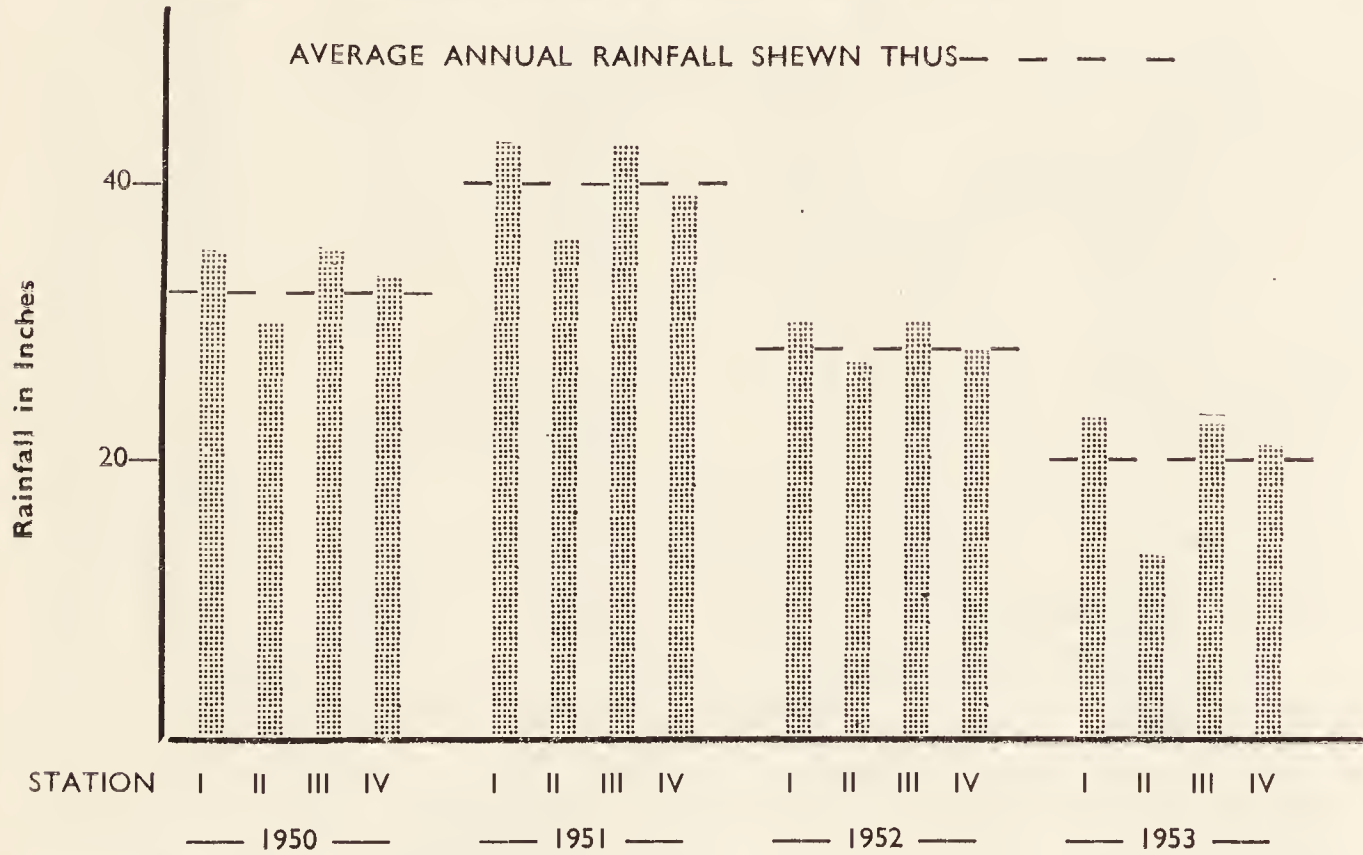
* Station in operation for 4 months only.

These figures are interpreted diagrammatically in Chart “A”. This Chart clearly shows how the rainfall varies with the position of the Station, Station No. II, Central Fire Station, always being the lowest.

On the Chart, the average rainfall over the whole area is indicated by a broken line. It will be seen that the highest rainfall occurred in 1951, and since then has fallen, year by year.

CHART “A”

TOTAL ANNUAL RAINFALL IN INCHES



Deposited matter

The details of the total solid matter deposited during the past four years are shown in Table II, which gives the total quantity of soot, ash and grit, soluble solids and the total solid matter in tons per square mile, at each Station during the year.

These results are shown graphically in Charts B and C. The results from Station V, Swimming Baths, are not plotted on the Charts B and C as the observations were taken for four months only. The deposited matter at this Station is very high indeed (see Table II), and in a complete year will probably amount to well over 360 tons. It will be seen that there is almost the same amount of combustible matter as ash and grit. The greater part of this deposit is coal dust.

TABLE II
Total deposited matter in tons per square mile

<i>Station I Old Council Offices</i>				
	1950	1951	1952	1953
Soot	33.43	41.64	36.13	33.70
Ash and Grit ...	48.14	93.07	79.82	69.64
Soluble Solids ...	105.59	185.88	113.05	100.86
<i>Total</i>	187.16	320.59	229.00	204.20

<i>Station II Central Fire Station</i>				
	1950	1951	1952	1953
Soot	26.55	38.42	24.51	24.00
Ash and Grit ...	39.42	71.99	70.46	59.73
Soluble Solids ...	85.61	155.23	107.51	92.90
<i>Total</i>	151.58	265.64	202.48	176.63

<i>Station III Municipal Buildings</i>				
	1950	1951	1952	1953
Soot	29.05	38.02	31.11	31.21
Ash and Grit ...	31.75	79.90	65.95	53.43
Soluble Solids ...	87.34	170.95	100.14	94.49
<i>Total</i>	148.14	288.87	197.20	179.13

<i>Station IV Poole Cemetery</i>				
	1950	1951	1952	1953
Soot	13.62	16.75	17.74	17.73
Ash and grit ...	17.90	30.76	34.02	28.14
Soluble Solids ...	62.27	117.39	82.86	68.31
<i>Total</i>	93.79	164.90	134.62	114.18

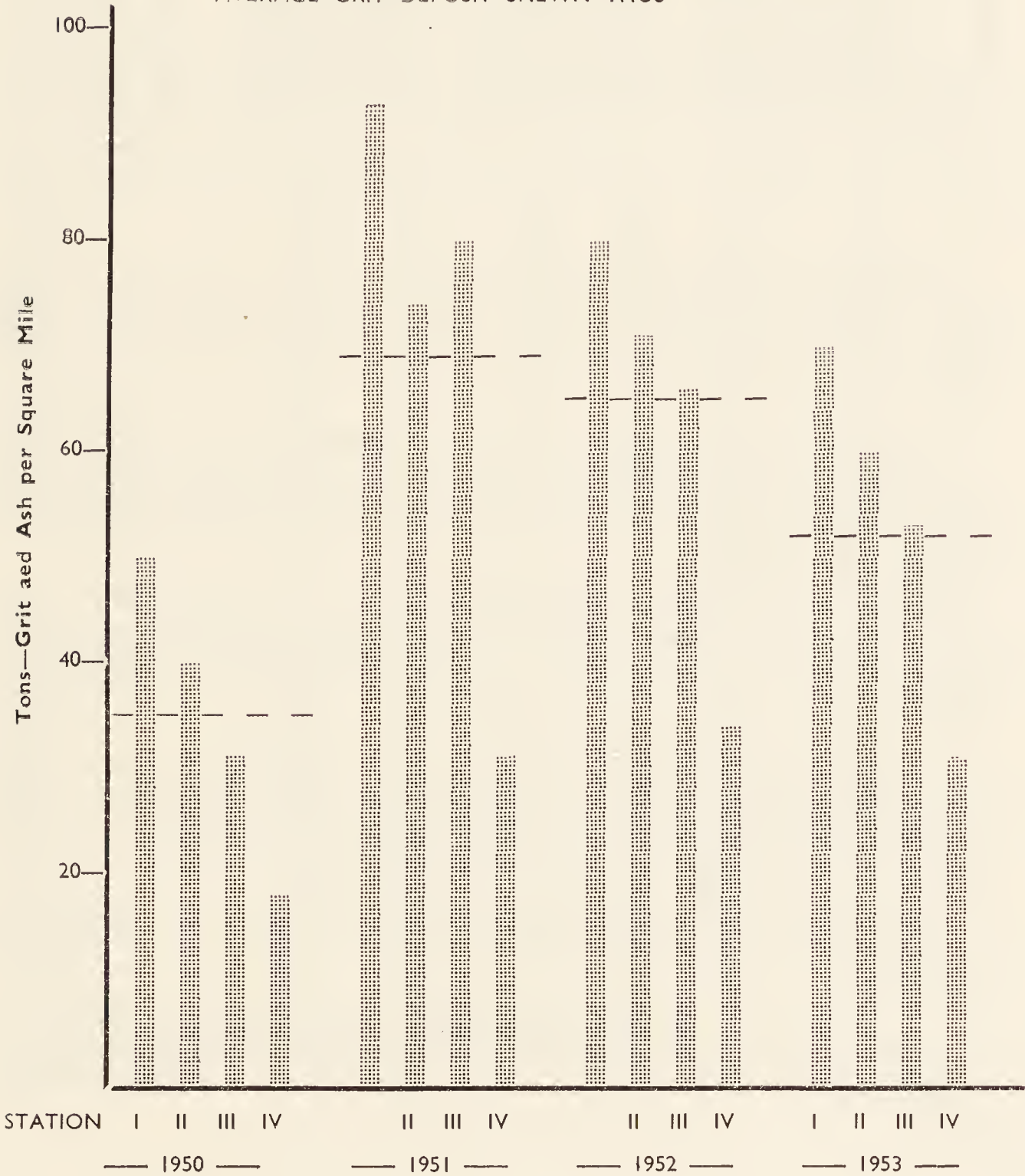
Station V Swimming Baths				
	—	—	—	1953
Soot, combustible matter ...	—	—	—	27.98
Ash and Grit ...	—	—	—	26.71
Soluble Solids ...	—	—	—	41.75
Total ...	—	—	—	96.44

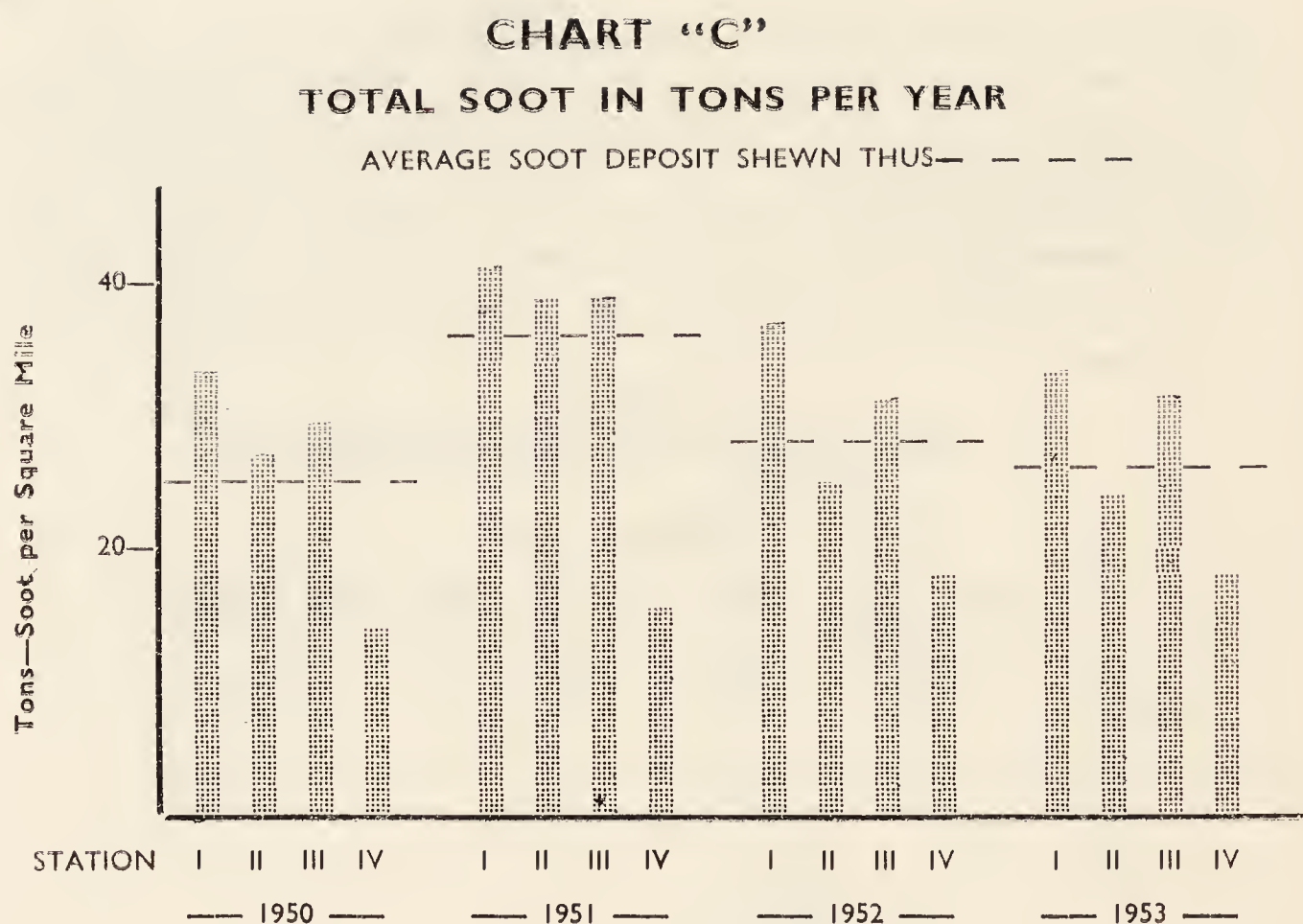
Note: Station V in operation for 4 months only.

CHART "B"

TOTAL GRIT AND ASH IN TONS PER YEAR

AVERAGE GRIT DEPOSIT SHEWN THUS— — — — —





From Chart B it will be seen that there was an average increase of about 32 tons per square mile in 1951 when compared with 1950. The quantity fell by about 4 tons in 1952 and by a further 12 tons in 1953.

Chart C shows similar figures for the combustible matter as soot and indicates a rise in 1951 of about 8 tons per square mile. This quantity fell in 1952 to just over the level in 1950, and fell again by about 2 tons last year.

If reference is made to the Rainfall Chart "A", it will be seen that the variations are similar to those of the rainfall. Had there been heavy rainfall in 1951, 52 and 53 far greater deposits would have resulted.

A comparison of Charts B and C shows that the amount of soot and combustible matter has not varied very much, whereas the Grit and Ash has varied to a far greater extent. This indicates that the main increase of deposit is due to Ash and Grit.

Full details of all the monthly observations are given in Table III on page 41.

(Signed) ARTHUR S. CARLOS, B.Sc., F.R.I.C.

Public Analyst.

1953			Rain- fall Inches	Deposit in tons per sq. mile			50/3 m.g.s. per day per 100 sq. cms.	
				Soot	Ash	Soluble Matter	Total	
Station No. 4 — Poole Cemetery								
January	...	...	0.87	1.63	2.49	2.22	6.34	0.88
February	...	...	1.26	1.19	1.16	3.67	6.02	0.92
March	...	...	0.55	0.59	2.44	3.82	6.85	1.14
April	...	...	1.97	2.46	3.35	11.15	16.96	1.46
May	...	...	2.23	1.80	2.46	3.46	7.72	0.85
June	...	...	2.20	2.06	3.99	7.27	13.32	0.50
July	...	...	2.74	1.36	2.03	3.62	7.01	0.32
August	...	...	1.54	1.33	2.27	4.55	8.15	0.45
September	...	...	2.66	1.24	2.47	10.10	13.81	0.60
October	...	...	3.70	0.94	1.29	8.26	10.49	0.77
November	...	...	1.22	0.72	1.29	6.51	8.52	1.09
December	...	...	0.83	2.41	2.90	3.68	8.99	1.11
Total			...	...	...	...	...	...
			21.77	17.73	28.14	68.31	114.18	0.84 Daily Average
Station No. 5.— Swimming Baths, Park Lake Road. (4 months only).								
September	...	...	2.13	12.41	7.13	11.38	30.92	2.92
October	...	...	2.74	4.55	6.26	10.49	21.30	1.06
November	...	...	0.87	7.88	7.70	6.02	21.60	2.87
December	...	...	0.63	3.14	5.62	3.86	12.62	1.29
Total			...	...	...	...	...	...
			6.37	27.98	26.71	41.75	96.44	2.04 Daily Average

SWIMMING BATHS AND POOLS

During the year two open-air and one covered sea water swimming baths were available to the public—one Corporation bath and two privately owned baths. All three baths are provided with continuous action filtration and chlorination plants. In the Corporation bath breakpoint chlorination is used to overcome the difficulty of maintaining an effective chlorine residual in all parts of the bath during peak periods. With this system a chlorine residual of from 1 to 2 parts per million is maintained throughout the bath.

During the season 27 routine samples of the water were taken for bacteriological examination; the results of these are given in the table below. The standard used is the Ministry of Health classification for drinking water supplies. In addition, a daily check of residual chlorine in the water was maintained by the baths staff and checked periodically by the Sanitary Inspectors.

There are also two private (schools) baths in the Borough. Both are open-air baths and chlorination is by hand dosing. 7 samples of the water were taken for bacteriological examination.

Results of samples of water from swimming baths:

<i>Baths</i>	<i>Number of samples</i>	<i>Class I</i>	<i>Class II</i>	<i>Class III</i>	<i>Class IV</i>
Baths used by public ...	27	25	—	2	—
Private Baths	7	5	—	2	—
TOTALS	34	30	—	4	—

SEA BATHING

The Annual Report for 1950 contains some notes and observations on the facilities for sea bathing in Poole Bay and the effect of sewage pollution on the bathing beaches. 9 outfall sewers from Poole, Bournemouth and Christchurch discharge the sewage of a population of a quarter of a million people into the Bay, untreated except for disintegration and some slight chlorination. Bacteriological examinations carried out over the whole of 1951 show that there is gross sewage pollution of the waters of Poole Bay. In contrast, the waters of Poole Harbour, particularly on its western shores, and the sea water at Shell Bay and Studland are surprisingly pure.

During 1951 the Poole Council made repeated efforts to get the neighbouring authorities and the Ministry of Health interested in the joint scheme for the diversion and treatment of the sewage of the three boroughs, but without success and the Council are now investigating the practicability of diverting the sewage of Poole away from the Bay to a site where full treatment can be carried out.

DISINFESTATION

During 1953, 78 visits were made to dirty or verminous houses. 22 houses (including 7 Council houses) were found to be infested with bed bugs and were disinfested. In all cases the disinfestation was carried out by the Public Health Department at the expense of the owners or occupiers. The method used was spraying with a standard proprietary insecticide of the Pyrethrum-D.D.T. type. This method has been found to be satisfactory in practice, simple in operation, free from serious smell, and relatively cheap.

In order to prevent the spread of infestation to new Council houses, prospective tenants' rooms, bed furniture and bedding found to be verminous are disinfested by spraying, before the date of removal and again on the day of removal. Bedding found to be heavily infested is disinfested by steam or destroyed.

COMMON LODGING HOUSES

There are two registered Common Lodging Houses in the Borough, both situated in the Old Town, near the Quay. These can accommodate 49 men (27 and 22 respectively). They were inspected on 20 occasions during the year.

MOSQUITO CONTROL

Seven species of mosquitoes have been found within the Borough boundaries and another seven in the surrounding districts. Some notes on these were given in the Annual Report for 1946.

The method of control adopted within the area of the Borough is as follows. All major potential breeding grounds are known and these are kept under observation during the period March to September. Where breeding is found to be occurring the water is sprayed with a mixture of kerosene and heavy oil and one per cent. D.D.T. and the treatment repeated at intervals as found necessary. This has been found to be successful in controlling breeding in the potential breeding grounds dealt with. During 1953 35 major potential breeding areas were sprayed in April and May, 28 in June and 17 in September.

Unfortunately the most numerous breeding places for mosquitoes are the small ornamental ponds, rainwater tanks, water butts, etc., in private gardens. These are difficult to control owing to the lack of co-operation of occupiers and frequently their existence and condition only become known as the result of complaints of mosquitoes in the neighbourhood.

It is difficult to estimate the extent to which the harbour back waters are breeding places, as large tracts of mudland are inaccessible and the largest areas are outside the Borough boundaries.

RODENT CONTROL

The Prevention of Damage by Pests Act, 1949, which came into operation on the 31st March of 1950, requires occupiers of land to notify infestation of rats and mice and empowers local authorities to require the destruction of rodents on land and the rat-proofing of premises, including agricultural land and premises.

Since 1944 the Council have provided a comprehensive service for the destruction of rats and mice on premises within the Borough. A full-time staff of one Rodent Officer and 3 Operatives is employed in this work, working on the methods laid down by the Infestation Division of the Ministry of Agriculture and Fisheries.

Throughout the year the "Block Control" system was operated in conjunction with investigation of complaints, i.e. when a complaint was investigated, a survey was made of the surrounding area and the whole area dealt with in one block. In addition a systematic survey of premises and land in the Borough is carried on continuously and about 25 per cent of the operatives' time is devoted to this.

Treatment for rat infestations was mainly baiting, but all methods of destruction were employed. The estimate of the number of rats destroyed is based on the Infestation Division's system of calculation, but the number of bodies recovered from the surface shows the figure to be a conservative one, as in the poison baiting system of destruction most of the rats die underground.

During the Spring 389 sewer man-holes and both sewage disposal works were test-baited without a single "take" being recorded.

Treatment for mice infestations was mainly by trapping and in most instances this was done by the occupiers of the premises themselves after instruction and advice by the Rodent Officer.

A summary of the work done in rodent destruction in 1953 is as follows:

Type of Vermin	Council Premises	Private Premises	Business Premises	Agricultural Properties	Total
Rats					
Total No. of visits made by staff ...	1689	13397	1897	137	17120
Total No. of premises inspected:					
(a) on complaint ...	9	679	103	5	796
(b) on survey ...	42	5662	400	27	6131
Total No. of premises found infested:					
(a) on complaint ...	10	544	92	5	651
(b) on survey ...	21	249	176	13	459
No. of premises treated ...	31	793	268	18	1110
No. of premises cleared ...	24	793	240	14	1071
No. of premises re-treated and cleared ...	8	75	45	2	130
No. of pre-baits laid ...	312	5332	1737	264	7645
No. of poison baits laid ...	127	1827	676	82	2712
No. of post-baits laid ...	32	384	61	21	498
No. of instances where other methods used ...	1	3	16	—	20
Estimated No. of rats destroyed	252	3477	1136	179	5044
No. of bodies of rats recovered ...	175	1306	456	81	2018
Mice					
No. of complaints received ...	7	73	45	—	125
No. of premises treated ...	7	73	48	—	128
No. of premises cleared ...	5	74	45	—	124

DISEASES OF ANIMALS

There were no outbreaks of Foot and Mouth Disease in the Borough during 1953, and none within the 15 mile radius.

Three suspected cases of Swine Fever were reported during the year, one of which was confirmed and two not confirmed.

Two suspected cases of Anthrax were reported but were later certified not to be Anthrax.

There are 134 piggeries in existence in the Borough. Many of these are on a commercial scale and the number and size of these is increasing. 350 visits of inspection were made to piggeries during the year.

MERCHANDISE MARKS ACTS, 1926

Marking Orders under this Act were suspended during the war period and subsequent years but came into operation again in 1952. These orders chiefly relate to foodstuffs and to help traders summaries of the provisions of the orders were circulated to foodshops in the Borough.

During 1953, 316 visits were made to shops to check marking of foodstuffs. On 88 occasions it was found necessary to draw shopkeepers' attention to infringements of the Orders and in every instance this was sufficient to secure proper marking.

FACTORIES

The number of factories registered is 352.

The number of inspections made during the year was 435.

Owing to the shortage of staff it has still not been possible for the Sanitary Inspectors to carry out inspections of factories on anything like a satisfactory scale.

Generally no great difficulty is now being experienced in dealing with nuisances or the remedy of defects,

Particulars of the inspections of factories are set out in the following table:

THE FACTORIES ACT, 1937

Part I of the Act

1. **Inspections** for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises	No. on Register	Number of :—		
		Inspections	Written Notices	Occupiers Prosecuted
* (1) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by Local Authorities	34	42	2	—
† (2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	312	387	14	—
(3) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	6	6	1	—
TOTAL	352	435	17	—

* — Factories in which no mechanical power is used.

† — Factories in which mechanical power is used.

2. Cases in which defects were found

(Defects discovered at premises on two, three or more separate occasions are reckoned as two, three or more "cases".)

Particulars	No. of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1.) ...	3	3	—	—	—
Overcrowding (S.2)	—	—	1	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	4	3	—	—	—
(b) Unsuitable or defective ...	43	49	—	—	—
(c) Not separate for sexes ...	1	1	—	1	—
Other offences against the Act (not including offences relating to out- work)	3	5	—	—	—
TOTAL	54	61	1	1	—

OUTWORKERS

During the year lists containing the names and addresses of 67 outworkers were received from factories in the Borough. 34 were resident in the Borough, 33 were resident in other districts and their names and addresses were forwarded to the local authorities concerned. In addition 25 names and addresses of outworkers were received from other local authorities making a total of 59 outworkers employed in the Borough, all in the clothing trade. In no instance was it found necessary to take any action with regard to unwholesome conditions.

SECTION 47, NATIONAL ASSISTANCE ACT, 1948

This section empowers the Council, where the Medical Officer of Health certifies that removal is necessary, to take steps to secure the removal of persons in need of care and attention to suitable premises. In order to facilitate action in urgent cases the Public Health Committee has delegated its powers to the Public Health (Legal Proceedings) Sub-Committee, who have now power to authorise the appropriate action to be taken.

During the year action had to be taken in respect of three aged persons who were living alone and not receiving proper care and attention. All three persons were persuaded to enter a hospital for aged and infirm persons voluntarily.

SECTION D

HOUSING

Number of Houses in occupation in the Borough

The total number of dwelling houses occupied and void was 25,298. 643 houses were still under construction on 31st December, 1953.

Year	Over £22 R.V.		Under £22 R.V.		Total		Popula- tion	Persons per occupied House
	Occupied	Void	Occupied	Void	Occupied	Void		
1946	5425	49	16117	82	21542	131	76330	3.52
1947	5535	27	16805	64	22340	91	78720	3.53
1948	5596	59	17243	73	22839	132	80480	3.52
1949	5842	50	17616	95	23458	145	81130	3.46
1950	5964	61	17740	84	23704	145	82140	3.47
1951	6035	74	18159	113	24194	187	82958	3.40
1952	6099	97	18546	145	24645	242	83270	3.38
1953	6130	155	18812	201	24942	356	83520	3.35

New House Construction, 1953

1. Total number of houses completed in 1953 ...	742
2. Houses in above which form part of Municipal Schemes ...	396
3. Total number of houses under construction at 31-12-53 ...	643
4. Houses in above which form part of Municipal Scheme ...	218
5. Number of houses included in Municipal Schemes, approved, but not actually under construction at 31-12-53 ...	184

Council Houses

The number of houses erected by the Council prior to 1945 was 995. During the nine years, 1945 to 1953 (inclusive) a further 2,732 houses (including 200 "Prefabs") were erected, making the total number of houses erected by the Council up to the end of 1953, 3,727.

Re-housing

The number of applicants on the Council's Re-housing Register for the past five years has been as under :

at 31/12/49	...	...	3,262
at 31/12/50	...	...	3,056
at 31/12/51	...	...	2,785
at 31/12/52	...	...	2,150
at 31/12/53	...	...	2,570

The yearly numbers of new applications for housing accommodation since 1945 have been as follows:

1945	...	1,538	1949	...	947
1946	...	2,079	1950	...	932
1947	...	1,068	1951	...	892
1948	...	1,101	1952	...	901
			1953	...	855

The number of families rehoused during the past five years has been as follows :

1949	...	...	...	317
1950	...	...	...	476
1951	...	...	...	419
1952	...	...	...	367
1953	...	...	...	465

Existing Housing Conditions

Housing is still a formidable problem for the Local Authority, but the character of the problem is changing. For the past nine years all available resources have had to be concentrated on the provision of new houses to the exclusion of all other aspects of housing, but while very substantial progress has been made in the direction of new construction the condition of existing houses has deteriorated, especially the smaller rented houses, due primarily to the disparity between the low fixed rentals of houses and the high cost of repairs. This is the problem which the Ministry of Housing and Local Government hope to solve by new legislation permitting increased rentals of controlled houses where the property has been kept or put into a good state of repair. As it is probable that this legislation will be in operation by the time this report appears in print, there does appear to be some likelihood of real progress being made in housing repair work in the very near future.

The need for an early resumption of work on slum clearance has been recognised by the Council for a number of years and during the year preliminary surveys were made of three areas, comprising some 75 houses, which will be represented to the Council early in 1954, as a first stage in the clearance of the 700 unfit houses in the Old Town Area.

Housing Inspection

A summary of housing work carried out during the year is given in the following return :

CLEARANCE AREAS AND INDIVIDUAL UNFIT HOUSES RETURN FOR THE YEAR ENDED 31st DECEMBER, 1953

PART A.—CLEARANCE AREAS (Housing Act, 1936)

	Number of dwelling houses demolished in the period		Number of displaced persons
	Unfit Houses	Other Houses	
(1) Land coloured 'pink' ...	Nil	—	Nil
(2) Land coloured 'grey' ...	—	Nil	Nil

PART B.—HOUSES NOT INCLUDED IN CLEARANCE AREAS

	Number of Houses	Persons displaced
DEMOLITION AND CLOSING ORDERS		
(1) Housing Act 1936		
(a) Houses demolished as a result of formal or informal procedure under Section 11. ...	9	21
(b) Houses closed in pursuance of an undertaking given by the owners under Sec. 11 and still in force. ...	6	26
(c) Parts of Buildings closed (Sec. 12). ...	Nil	Nil
(2) Housing Act 1949.		
(a) Closing Orders made under Sec. 3 (1) ...	3	13
(b) Demolition Orders determined and closing Orders substituted under Sec. 3 (2) ...	8	26
(3) Local Government (Misc. Provs.) Act 1953 Closing Orders made under Sec. 10 (1) ...	1	6
REPAIRS.		
Informal Action.		Number of Houses.*
(4) Number of unfit or defective houses rendered fit during the period as a result of informal action by the Local Authority under the Public Health or Housing Acts. ...		
Action under Statutory Powers.		
(5) Public Health Acts.		
Number of houses in which defects were remedied after service of formal notices		
(a) by owners ...		27
(b) by Local Authority in default of owners ...		Nil
(6) Housing Act 1936.		
Number of houses made fit after service of formal notices Sec.: 9, 10, 11 and 16)		
(a) by owners ...		2
(b) by local authority in default of owners ...		Nil

Note: * a defective house remedied more than once during the period is included once only.

SECTION E

INSPECTION AND SUPERVISION OF FOOD

Food Premises

The number of food premises in the area, by type of business, is as follows :

Slaughterhouses	...	...	...	...	...	...	...	1
Dairies	...	...	...	...	...	...	...	24
Food factories	...	...	...	...	...	...	...	14
Restaurants and cafes	...	...	...	...	...	...	...	63
Canteens	...	...	...	...	...	...	...	51
Hotel and club kitchens	...	...	...	...	...	...	...	24
Bakehouses	...	...	...	...	...	...	...	20
Bakers' shops	...	...	...	...	...	...	...	40
Butchers	...	...	...	...	...	...	...	59
Fishmongers and friers	...	...	...	...	...	...	...	44
Grocers	...	...	...	...	...	...	...	229
Greengrocers	...	...	...	...	...	...	...	66
Confectioners and sweet shops	...	...	...	...	...	...	...	69
Licensed premises	...	...	...	...	...	...	...	96
Total	...	...	...	...	...	...	...	800

The number of food premises, by type, registered under Section 18 of the Poole Corporation Act, 1937, is :

Food factories (sausages, pies and cooked meats etc.)	...	...	...	...	...	...	...	2
Manufacture of sausages	...	...	...	...	...	...	...	42
Cooking of hams	...	...	...	...	...	...	...	11
Preparation and frying of fish and chips	...	...	...	...	...	...	...	22
Preparation and frying of potato crisps	...	...	...	...	...	...	...	2
Cooking of shell fish	...	...	...	...	...	...	...	3
Manufacture of ice-cream	...	...	...	...	...	...	...	4
Sale of ice-cream	...	...	...	...	...	...	...	283
Total	...	...	...	...	...	...	...	369

Other than ice cream premises, separate records of inspections of food premises registered under Section 18 of the Poole Corporation Act, 1937, are not kept. Inspections of food premises are recorded under types of trade and are shown in the tabular statement on page 31.

The inspection and supervision of food premises form a very important part of the duties of the Sanitary Inspectors and in 1953, 4,549 visits were made to food premises in the Borough. This represents over 27 per cent of all visits made by the Sanitary Inspectors.

Contrary to general opinion, local authorities' powers to deal with general food premises (other than dairies, ice-cream premises and certain food preparation premises) are very limited and are contained in Section 13 of the Food and Drugs Act, 1938. With a very few exceptions, now being dealt with, it can be said that food premises in the Borough now comply with these requirements. These, however, are regarded as minimum requirements and in many instances agreements have been reached with managements for the carrying out of improvements and alterations designed to bring premises up to higher standards of hygiene considered desirable for the type of trade carried on. Very considerable progress has been made in this direction in the past three years, as the accompanying table shows, but progress at this rate is not likely to be maintained in the future unless food legislation is brought more nearly into line with modern conceptions of the hygiene of food premises.

This is particularly so in the case of catering premises where progress is seriously hampered by the lack of any legal standard of space, construction, fittings and cleansing equipment and by the exemption of these premises from the registration requirements of Section 14 of the Food and Drugs Act, 1938. With the publication in 1951 of the Report of the Catering Trade Working Party on Hygiene in Catering Establishments the Target and Standard Codes recommended in the report were adopted by the Council as working standards for catering premises in the Borough. The Sanitary Inspectors are concentrating on persuading caterers to bring their premises up to the standards of these codes, but until the codes have the backing of legislation progress is bound to be slow and difficult.

A further difficulty is the uncertainty as to the requirements of the proposed new food and drugs legislation and until the position regarding this has been clarified traders are reluctant to carry out alterations and improvements which they hope will not be required by the final form of the regulations.

The following tables summarise the improvements secured in food premises in the past four years.

Improvement of Food Premises					1950	1951	1952	1953	Total
I. No. of premises dealt with :									
No. reconstructed					13	10	5	3	31
No. where major improvements carried out					24	43	8	13	88
No. where minor improvements carried out					64	159	142	111	476
					<u>101</u>	<u>212</u>	<u>155</u>	<u>127</u>	<u>595</u>

2. Summary of improvements secured :

Premises cleansed or redecorated ...	49	59	60	41	209
Washing facilities provided or improved	44	67	36	29	176
Cleansing facilities provided or improved	23	31	21	12	87
Refrigerated storage provided	32	24	20	8	84
Other food storage accommodation provided	13	31	25	17	86
Facilities for protection of food provided	8	91	40	25	164
Sanitary accommodation provided or improved	8	10	8	7	33
Other improvements secured	10	37	18	21	86
	<u>187</u>	<u>350</u>	<u>228</u>	<u>160</u>	<u>925</u>

3. No of unsatisfactory premises voluntarily closed	<u>9</u>	<u>13</u>	<u>—</u>	<u>1</u>	<u>23</u>
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Clean Food

The Council's Clean Food Byelaws have been in operation since the 1st October, 1950. These byelaws prescribe measures for securing the observances of sanitary and cleanly conditions and practices in connection with the handling, wrapping and delivery of food, and the sale of food in the open air.

During the three years the byelaws have been in operation the task of securing their implementation has to a great extent been achieved by a policy of continuous persuasion of traders and education of staff, and the work will be continued on these lines, for it has to be recognised that cleanly practices in the handling of food are the results of good personal standards of hygiene, and that is something which can be taught but not so easily enforced.

During the previous two years lectures on food hygiene were offered to every food trader and all food handling staff in the Borough and these were attended by over 2,000 persons, but in 1953, owing to the increased pressure of other duties on the limited staff of the Public Health Department it was not found possible to carry on this valuable educational work on the same scale. However, a special half day course of lectures and films was arranged and this was attended by every member of the school canteens and school meals services in the Borough. In addition, in conjunction with the Public Health Department, an extensive course in food hygiene for food staff was given by the Poole Centre of the St. John Ambulance Association and this was attended by 25 key personnel.

During the year arrangements were made for the Public Health Committee to visit various types of food premises in the Borough. These visits not only proved interesting to the members of the Committee but were appreciated by the traders, particularly those who had brought their premises up to modern hygienic standards.

Efforts to ensure that all unwrapped cooked meats and other foods are properly protected during display were continued throughout the year and considerable improvements have already been achieved in this direction and in the provision of refrigerated food storage.

Milk Supply

Dairies and Milk Shops

The number of Milk Distributors registered in the Borough is as follows:

Wholesale Distributors	...	...	...	...	1
Wholesale and Retail Distributors	...	...	...	...	4
Retail Distributors	...	...	...	...	11
Retail Distributors from outside Borough	...	...	...	...	7
Sellers of bottled milk only	...	...	...	...	97

The Milk (Special Designations) Orders and Regulations

The following licences were granted:

Pasteurised Milk

Pasteurisers' licences	...	...	...	...	5
Dealers' licences	...	...	...	...	10
Supplementary licences	...	...	...	...	6
Licences for sale of sealed bottled milk	...	...	...	...	97

Tuberculin Tested Milk

Bottlers' licences	...	...	...	...	5
Supplementary licences	...	...	...	...	6
Licences for sale of sealed bottled milk	...	...	...	...	38

Control of Treatment and Distribution of Milk

Since the 1st October, 1949, the Ministry of Agriculture and Fisheries has been responsible for the supervision of milk production and local authorities are now responsible only for supervision of treatment and distribution.

In the Borough, supervision of the milk supply is carried out by the inspection of premises, the checking of plant and methods and the bacteriological examination of the milk.

During 1953, 492 inspections of dairies and plant were made and 740 samples of milk and 50 sample batches of washed bottles were taken for bacteriological examination.

The number of pasteurised samples, i.e. 18, which failed the Phosphatase test is inflated as it includes a number of check samples taken during the investigations into the failures of several samples at one dairy. The cause of the failure were located and subsequent samples were satisfactory.

The proportion of samples of raw milk (41 per cent) which failed to pass the Methylene Blue test is very high, but all the samples of raw milk were taken from churns arriving at pasteurisation plants from supplies which were suspected to be of poor keeping qualities where sampling was continued until improvement was secured. The results show the need for this class of sampling and it is hoped to extend this work in 1954.

Since 1936 it has been the policy of the Council to secure the pasteurisation of all milk sold in the Borough and with the exception of a very small quantity of Tuberculin Tested milk sold in Canford area by a distributor from premises outside the district, all milk sold in the Borough is pasteurised.

By the Milk (Special Designations) (Specified Areas) Order, 1952, made by the Minister of Food under the Food and Drugs (Milk, Dairies and Artificial Cream Act, 1950,) the sale of milk other than "designated" milk was prohibited in the Borough of Poole as from the 1st November, 1952. It is to be regretted that the Order permits the sale of raw Tuberculin Tested milk but, as already mentioned, practically all Tuberculin Tested milk sold in the Borough is pasteurised.

Samples of milk taken for bacteriological examination

Grade of Milk	No. of Samples	Results of Tests			
		Phosphatase		Methylene Blue	
		Passed	Failed	Passed	Failed
Pasteurised	372	362	10	372	Nil
Tuberculin Tested Pasteurised	275	267	8	275	Nil
Raw	93	—	—	66	27
Total	740	629	18	713	27

10 samples of raw milk were taken from producers in the Borough and sent for biological tests. All 10 were negative for Tubercle and Brucella Abortus.

50 sample batches of washed bottles were taken for bottle rinse counts. 43 were satisfactory (not more than 600 organisms per pint bottle), 4 were fairly satisfactory (over 600 but less than 2,000) and 3 were unsatisfactory (over 2,000).

83 samples of milk were taken for chemical analysis. Of these 80 were genuine and 3 failed to comply with the legal standard. Details of these samples are given in the section of the report dealing with food and drugs sampling.

Ice Cream

There are 287 premises in the Borough registered for the manufacture or sale of ice-cream. These are :

Premises registered for manufacture	...	...	4
Premises registered for retail sale	...	...	55
Premises registered for retail sale of pre-packed ice-cream only	...	...	228

Although there are 4 premises in the Borough registered for the manufacture of ice-cream none are now in operation and all ice-cream sold is obtained from one or other of the large firms operating on a national or regional basis. Practically all retailers have changed over to pre-packed ice-cream and only a few shops or kiosks specialising in the sale of ice-cream now sell "loose" or "bulk" ice-cream.

Effective supervision of this section of the food industry is still hampered by the exclusion of cafes, restaurants, hotels, clubs and street traders from the registration provisions of Section 14 of the Food & Drugs Act, 1938.

39 samples of ice-cream were taken during the year for bacteriological examination and the results are set out in the table below. The test used is the Methylene Blue reduction test recommended by the Public Health Laboratory Service. Grades I and II are considered satisfactory and Grade IV unsatisfactory.

The percentage of unsatisfactory samples in the six previous years was : 1947, 27.5 ; 1948, 12.6 ; 1949, 4.8 ; 1950, 4.3 ; 1951, 2.2 ; 1952, 2.7 ; thus, since 1947 there has been a remarkable reduction in the number of unsatisfactory samples and the absence of any unsatisfactory samples in 1953 must be considered highly satisfactory.

Samples of ice cream for bacteriological examination

Type	No. taken	Grade I	Grade II	Grade III	Grade IV	Percentage unsatis- factory
From Retailers—Bulk Ice-Cream	2	2	—	—	—	Nil
From Retailers—Pre-packed Ice-Cream	37	33	4	—	—	Nil
TOTAL	39	35	4	—	—	Nil

30 samples of ice-cream were taken for chemical analysis and all but one of these conformed with the standard of not less than 5 per cent. fat, 10 per cent. sugar and $7\frac{1}{2}$ per cent. milk solids other than fat prescribed by the Ministry of Food. Details of these samples are given in the report of the Public Analyst on page 63.

INSPECTION OF MEAT

Throughout 1953 under the centralisation of slaughtering scheme of the Ministry of Food the slaughtering for the whole of the area between Lymington and Poole, an area with a population of about 290,000, was centralised in one slaughterhouse situated in Poole. The slaughtering facilities and hanging accommodation at this slaughterhouse are insufficient, particularly during the peak period of slaughter, and the Ministry of Food have erected a new factory abattoir with an average daily capacity of 110 cattle units to serve this area. The new abattoir is at Uddens, near Wimborne, and therefore outside the Borough boundaries and in the area of Wimborne and Cranborne Rural District Council. It will come into operation in 1954.

One Sanitary Inspector is engaged full-time on meat inspection duties at the Ministry of Food Slaughterhouse, but additional assistance is given by the District Sanitary Inspectors as and when required. During the year 790 spells of duty were carried out by the inspectors, during which every one of the 21,324 animals killed was inspected at the time of slaughter and a detailed examination of the carcass and offal made.

In 1953, 22.2 per cent of all cows and 14.6 per cent of all cattle slaughtered were infected with Tuberculosis in some part or organ. 18 calf carcasses (0.5 per cent of total) were infected with Tuberculosis,

mostly of congenital origin, and in all these instances the names and addresses of the senders were forwarded to the Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries for the tracing and elimination of the dams concerned.

In addition to slaughterhouse duties, 293 visits were made to butchers' shops for the inspection of meat and premises.

Carcases Inspected and Condemned during the year 1953.

	<i>Cattle ex- cluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Totals</i>
Number killed	1883	1923	3972	7190	6356	21 324
Number inspected	1883	1923	3972	7190	6356	21324
All diseases except Tuberculosis— Whole carcases condemned ...	1	3	38	5	35	82
Carcases of which some part or organ was condemned ...	505	788	44	2318	1902	5557
Percentage of the number inspec- ted affected with disease other than Tuberculosis	26.9	41.1	2.1	32.3	30.5	26.4
Tuberculosis only— Whole carcases condemned ...	6	41	18	—	13	78
Carcases of which some part or organ was condemned ...	171	385	—	—	357	913
Percentage of the number inspec- ted affected with Tuberculosis	9.4	22.2	0.5	—	5.8	4.6

Meat Condemned.

<i>Meat</i>	<i>Tuberculosis</i>	<i>Other Diseases</i>	<i>Total Weight</i>
Beef	33,820 lbs.	4,404 lbs.	38,224 lbs.
Veal	829 „	1625 „	2454 „
Mutton	—	575 „	575 „
Pork	8,075 „	6,188 „	14,263 „
Offal	27,265 „	43,627 „	60,892 „
Total	69,989 lbs.	56,419 lbs.	126,408lbs.

In addition 375lb. of imported beef, mutton and pork were condemned as unsound in butchers' shops.

Thus, the total weight of meat and edible offal condemned in 1953 was: 56 tons, 11 cwts., 3qr., 27 lbs.

INSPECTION OF OTHER FOODS

Arising from the inspection of food in retail shops etc., 7 tons, 8 cwts. 2 qrs 7 lbs. of foodstuffs (other than meat) were condemned and surrendered for destruction or salvage for animal feeding stuffs. These comprised :

Tinned foods	...	...	...	...	...	...	6758 lbs.
Bacon, poultry, rabbits, meat products etc.	...	...	...	...	...	...	1552 lbs.
Fish	...	...	...	...	...	...	923 lbs.
Fats (butter, margarine, cheese etc.)	...	...	...	...	...	...	49 lbs.
Fruit and Vegetables	...	...	...	...	...	...	— lbs.
Dried Fruits	...	...	...	...	...	...	— lbs.
Cereals, flour and flour products	...	...	...	...	...	...	6378 lbs.
Eggs	...	...	...	...	...	...	218 lbs.
Other foods	...	...	...	...	...	...	761 lbs.
Total	...	...	...	...	...	...	16,639 lbs.

The total weight of all food (including meat and edible offal) condemned in 1953 was : 64 tons, 0 cwts. and 2 qrs. 6 lbs.

Since the decontrol of meat and of livestock slaughtering the Public Health Department has undertaken the disposal of all condemned meat and other foodstuffs. Carcase meat in suitable condition is sent to a processing firm for conversion to animal feeding stuffs and fertilisers. Badly diseased meat and all offal is destroyed by burning at the Council's destructor. Wherever possible cereals are disposed (with suitable safeguards) for feeding to animals, but all other foodstuffs are destroyed by fire.

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD

Analyses of samples of foods and drugs taken under the Food and Drugs Act are carried out by the Public Analyst for the Borough, Mr. A. S. Carlos, B.Sc., F.R.I.C., Bournemouth, who also carries out any chemical examinations of food, water, etc., required by the Public Health Department.

During the year 305 samples of food were submitted by the Sanitary Inspectors to the Public Analyst for chemical examination.

All bacteriological examinations of foods required are carried out at the Public Health Laboratory, Boscombe, Bournemouth, (Director : G. J. G. King, M.B., B.Ch.). The facilities for examinations being so readily available, every use is made by the Sanitary Inspectors of these aids in their work in food inspection. Examinations carried out by the laboratory include :

Routine bacteriological examinations of milk, ice-cream, soft drinks, shell-fish, etc.

Special examinations of foods for specific pathogenic organisms.

Phosphatase, Methylene Blue and biological tests of milk samples.

Churn and bottle rinses.

Microscopical examinations of specimens from slaughterhouse for identification of disease in meat inspection.

Microscopical examinations of cereals, etc., for mites, etc.

In all, 1,612 samples and specimens of food and water were submitted during the year by the sanitary inspectors for bacteriological or microscopical examination.

FOOD POISONING

Only one outbreak of food poisoning was notified to the Public Health Department in 1953. As one of the meals under suspicion was taken in a cafe outside the Borough the number of people at risk could not be ascertained but 3 persons were affected in the Borough. Fried fish and chips or meat pies were suspected as source of infection but samples were not available and no specific food poisoning organisms were recovered from patients. Illness was severe but all patients eventually recovered.

FOOD AND DRUGS ADULTERATION

299 samples of foods and drugs were taken under the Food and Drugs Act, 1938, by the Sanitary Inspectors and sent to the Public Analyst for analysis.

The tables on pages 65 and 66 give summaries of the samples taken, the results of analyses and notes of the action taken in respect of adulterated samples.

During the year, selective sampling (i.e. sampling of selected groups of foods and drugs) was introduced in place of the random sampling system previously used, and this no doubt accounts for the increase in the number of adulterated or irregular samples reported during the year. The majority of these samples were irregular or sub-standard rather than adulterated.

Mr. A. S. Carlos, B.Sc., F.R.I.C., is the Public Analyst for the Borough, and the section of his report which deals with his work under the Food and Drugs Act, 1938, is appended:

Samples taken under the Food & Drugs Act, 1938.

The number of samples taken during the year was 299. Of these samples 154 were formal and 145 informal samples. A total of 24 samples were adulterated or irregular, six of which were formal and eighteen informal.

The incidence of adulteration during the past six years is as follows :

1948	...	12.7	per	cent	adulteration
1949	...	11.8	„	„	„
1950	...	4.8	„	„	„
1951	...	5.5	„	„	„
1952	...	3.3	„	„	„
1953	...	8.0	„		„

These figures show that there has been an increase during the past year.

Milk.—83 samples of milk were submitted for analysis, one of which was described as Channel Island Milk. Three samples of milk failed to comply with the legal standard of 3 per cent fat and 8.5 per cent solids not fat. One of these was deficient in fat. Two were deficient in solids not fat, but gave satisfactory freezing points indicating that no water had been added but that the milks were irregular.

The average composition of all the samples of milk was satisfactory, although slightly lower than in previous years, as the following figures show :

				1949	1950	1951	1952	1953
Fat	...	...	per cent.	3.57	3.51	3.62	3.60	3.52
Solids not fat	...	...	per cent.	8.93	8.93	8.86	8.83	8.82

Ice-cream.—30 samples of ice-cream were submitted for analysis and all but one found to conform to the standard laid down by the Ministry of Food.

A comparison of the composition of ice-cream during the past five years is given below :

Fat Content	...	...	...	1949	1950	1951	1952	1953
Under 5 per cent	...	...	...	20	2	0	1	1
5 to 8 per cent.	...	...	...	21	7	5	9	14
8 to 10 per cent	...	...	...	15	7	6	6	11
10 to 12 per cent.	...	...	...	2	11	19	4	4
12 to 14 per cent.	...	...	...	1	0	4	1	0
Over 14 per cent.	...	...	...	0	0	3	0	0
Total	...	...	...	59	27	37	21	30

Ice Lollies etc.—Eight samples of ice lollie were examined, particularly for the presence of metallic and other contamination. One was found to contain a slight excess of lead. Three samples of the fruit syrup used in the manufacture of these lollies were examined and found to be satisfactory.

Sausages.—Eighteen samples of sausages, consisting of ten pork and eight beef, were examined during the year. All the beef sausages were genuine, containing more than 50 per cent. of meat, but three of the samples of pork sausages contained less than the minimum quantity of 65 per cent. of pork.

Soft Drinks.—Fifteen samples of various kinds of soft drink were examined and all complied with the standard laid down by the Ministry of Food.

Pepper.—Ten samples of ground white pepper were analysed and all found to be genuine pepper, free from foreign matter.

Malt Vinegar.—Ten samples of malt vinegar were examined and all found to be genuine.

Saccharin.—Nine samples of saccharin tablets were examined and one was slightly deficient in saccharin.

Shredded Suet.—Of the three samples analysed one was deficient in fat and contained an excess of the wheat starch which is mixed with shredded suet to prevent the grains of fat adhering together.

The remaining samples of food, which covered a very wide range, were genuine.

Drugs.—Fifty-four samples of drugs were examined and of these fourteen failed to comply with the standards laid down in the British Pharmacopoeia or the British Pharmaceutical Codex. This represents a percentage adulteration of 25.9, which is very high.

Of the twelve samples of tincture of iodine examined, seven contained either a deficiency or an excess of iodine.

Ten samples of boracic acid were examined, and three were found to contain an excess of boric acid.

Six samples of cod liver oil were examined, and one was found to be in a rancid condition.

Ten samples of seidlitz powder were examined and three were found to have been incorrectly prescribed.

The remaining drugs were satisfactory.

Special samples. Six samples of food were submitted for special examination for their fitness for human consumption, and consisted of the following :

- (1) A tin of condensed milk was found to contain mould spores which had given the contents a musty flavour and rendered the milk unfit for human consumption.
- (2) A number of potatoes were examined after a complaint of earthy flavour. They were found to be not unwholesome but were more suitable for stock feed.
- (3) A sample of tinned luncheon pork was found to contain 2.9 grains of tin per pound and therefore unfit for human consumption.
- (4) A sample of cheese was condemned as unfit on account of taste and discolouration due to the presence of lactobacillus.
- (5) A sample of pork pie was examined and found to be in a satisfactory condition.
- (6) A sample of bread and butter was also found to be satisfactory.

ARTHUR S. CARLOS,
Public Analyst.

Samples taken for analysis under the Food and Drugs Act

	Formal	Informal	Total	Genuine	Adulterated or irregular
Foods					
Beer, draught	4	-	4	4	-
Butter	6	-	6	6	-
Chicken Cutlet	-	1	1	1	-
Coffee, ground	5	-	5	5	-
Coffee and Chicory	1	-	1	1	-
Coffee and Chicory Essence ...	4	-	4	4	-
Cooking Fat	6	-	6	6	-
Cream	-	4	4	4	-
Fish Paste	2	-	2	2	-
Ice Cream	1	29	30	29	1
Ice Lollies	-	8	8	7	1
" " (fruit syrup)	-	3	3	3	-
Lard	1	-	1	1	-
Margarine	5	-	5	5	-
Meat Paste	8	-	8	8	-
Milk	48	34	82	79	3
Milk, Channel Island	-	1	1	1	-
Pepper, ground white	10	-	10	10	-
Saccharin Tablets	9	-	9	8	1
Sausages, beef	9	1	10	10	-
Sausages, pork	6	2	8	5	3
Soft drinks :					
American Cream Soda	-	1	1	1	-
Clarade	-	1	1	1	-
Grape Fruit	1	-	1	1	-
Ginger Ale	-	1	1	1	-
Lemonade	-	3	3	3	-
Limeade	-	2	2	2	-
Orangeade	-	2	2	2	-
Orange Squash	4	-	4	4	-
Spirits :					
Gin	3	-	3	3	-
Rum	3	-	3	3	-
Whisky	3	-	3	3	-
Suet, shredded	3	-	3	2	1
Vinegar, malt	10	-	10	10	-
Drugs					
Aspirin	-	10	10	10	-
Boracic Ointment	-	10	10	7	3
Carbromal tablets	-	4	4	4	-
Cod Liver Oil	-	6	6	5	1
Cod Liver Oil & Malt	-	2	2	2	-
Seidlitz powder	-	9	9	7	2
Seidlitz powder (extra strong) ...	-	1	1	-	1
Tincture of Iodine,, weak	2	10	12	5	7
Total Food and Drugs	154	145	299	275	24

Samples taken under the Sale of Food and Drugs Act during 1953 and found to be adulterated or irregular

No.	Sample	Formal or informal	Nature of Adulteration	Action taken
B.35	Boracic Ointment ...	I.	12% excess of Boric Acid ...	Vendor cautioned
C.31	Boracic Ointment ...	I.	13% excess of Boric Acid ...	Vendor cautioned
D.32	Boracic Ointment ...	I.	21% excess of Boric Acid ...	Vendor cautioned
C.19	Cod Liver Oil ...	I.	Failed to comply with B.P. tests	Formal Sample unobtainable
C.36	Ice-cream ...	I.	79.6% fat deficiency ...	Repeat formal sample C.39 satisfactory.
D.51	Ice Lollie ...	I.	1.8 p.p.m. excess of lead ...	Manufacturers cautioned and action taken re plant.
A.22	Milk ...	I.	3.7% fat deficiency ...	Distributor cautioned.
A.23	Milk ...	I.	Freezing point -0.569 ...	Repeat samples satisfactory
A.27	Milk ...	I.	1.2% deficient in non fatty solids. Freezing Point -0.562 ...	Distributor cautioned.
D.17	Saccharin ...	I.	1.3% deficient in non fatty solids. Freezing Point -0.570 ...	Repeat samples satisfactory
B.53	Sausages, pork ...	F.	0.02 gr. saccharin deficient per tablet. ...	Vendor cautioned.
D.40	Sausages, pork ...	F.	12.6% meat deficiency ...	Vendor cautioned.
E.38	Sausages, pork ...	F.	1.5% meat deficiency ...	Vendor cautioned.
B.62	Seidlitz Powder ...	F.	9.2% meat deficiency ...	Vendor cautioned.
E.44	Seidlitz Powder ...	I.	Blue Packet 11.7% deficiency in composition	Manufacturers cautioned.
E.49	Seidlitz Powder (extra strong)	I.	Blue Packet 9.2% excess of composition. Blue Packet 33.7% excess of composition. Also composition 124% excess of sod. bicarbonate and 22.7% deficient in sod. pot. tartrate. ...	Manufacturers cautioned.
C.41	Shredded suet ...	F.	3.8% fat deficiency ...	Vendor cautioned.
D.5	Tincture of Iodine ...	I.	13.6% excess of Iodine ...	Vendor cautioned.
D.6	Tincture of Iodine (weak) ...	I.	15.2 excess of Iodine ...	Vendor cautioned.
D.7	Tincture of Iodine (weak) ...	I.	22.8% deficiency of Iodine ...	Formal sample unobtainable.
D.8	Tincture of Iodine (weak) ...	I.	34.4% deficiency of Iodine ...	Vendor cautioned.
D.9	Tincture of Iodine (weak) ...	I.	47.2% deficiency of Iodine ...	Repeat formal sample. See D.16
D.12	Tincture of Iodine (weak) ...	I.	40.8% deficiency of Iodine ...	Vendor cautioned.
D.16	Tincture of Iodine (weak) ...	F.	14.4% deficiency of Iodine ...	Repeat formal sample D.15 — satisfactory. Vendor and Manufacturer cautioned.

SECTION F

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Although the Medical Officer of Health of a Sanitary Authority is responsible for the investigation and control of outbreaks of infectious diseases in his district, a Medical Officer of Health has no statutory responsibility for the clinical diagnosis of any case of suspected infectious disease.

Under the National Health Service Act, 1946, the Borough Infectious Diseases Hospital, which received patients from Poole and East Dorset passed, on the 5th July, 1948, to the South-West Metropolitan Regional Hospital Board, and the Medical Officer of Health, Poole, as such, was no longer responsible for the administration of the hospital or the treatment of the patients admitted. The administration of the Infectious Diseases Hospital became the responsibility of the Bournemouth and East Dorset Hospital Management Committee, and the treatment of the patients the responsibility of visiting physicians appointed by the Regional Hospital Board.

Continuity of clinical care and close association of the preventive with the diagnostic and curative services in relation to infectious diseases have been preserved, to the mutual advantage of the Local Authorities and the Hospital Service.

Deaths

During 1953 there were no deaths in Poole from diphtheria, scarlet fever, whooping cough, measles, or the enteric group of fevers.

Diphtheria

For the fourth time in over 50 years not a single case of diphtheria occurred. This disease, which formerly was a grave menace to child health, has for the present disappeared from the Borough. This happy situation is largely due to the immunisation of the child population which has been assiduously practised since 1929.

The incidence of this disease and its death rate in Poole since 1929 are shown below:

<i>Year</i>	<i>Notification</i>	<i>Deaths</i>	<i>Year</i>	<i>Notification</i>	<i>Deaths</i>
1929	4.25	.26	1941	.18	.06
1930	3.38	.15	1942	1.06	.13
1931	1.55	.06	1943	.60	.13
1932	.94	.02	1944	.61	.03
1933	.19	.02	1945	.15	.01
1934	.13	—	1946	.10	.02
1935	.27	.04	1947	.06	—
1936	.29	.05	1948	.01	—
1937	.16	.03	1949	.01	—
1938	.16	—	1950	—	—
1939	.40	.04	1951	—	—
1940	.56	—	1952	—	—
			1953	—	—

That Poole is not alone in the remarkable decline in the incidence and mortality of this disease is shown by the following information:

Deaths from diphtheria in England and Wales in 1941 totalled 2,622, whereas in 1953 the figure dropped to 23.

Scarlet Fever

Of recent years this disease has become mild in type with few complications and the admission of cases to hospital has not been encouraged. Where, however, the facilities for home isolation are unsatisfactory, or where the case is associated with the distribution of milk or food, admission is arranged.

The term "Scarlet Fever" is misleading, both to the medical profession and to the public. The disease is so-called because of the occurrence of the bright red rash which is its most striking characteristic. This rash is the outward sign of an infection with a haemolytic streptococcus which is erythrogenic. In children the disease is essentially a tonsillitis, plus a rash. In adults this disease occurs usually as a tonsillitis, but without the rash, and the adult's tonsillitis is just as infective as that of the child. It is illogical to notify as suffering from an infectious disease a child with tonsillitis and a rash, and to disregard notification of the child's mother who has the same infection but no rash.

The following table shows the incidence of Scarlet Fever and the admissions to hospital during the past 10 years.

<i>Year</i>	<i>No. of Cases</i>	<i>Admitted to Hospital</i>
1944	94	51
1945	49	24
1946	63	47
1947	63	40
1948	106	66
1949	49	33
1950	43	21
1951	18	6
1952	40	15
1953	49	11

Poliomyelitis

This disease was made notifiable in 1912, but until 1947 its incidence was low in this country. Since 1947, however, there has been a marked increase in its prevalence and in this Poole has shared. The disease seems to follow a seasonal course, starting in late summer, reaching a maximum incidence in the autumn and thereafter falling to a low level in winter and spring.

No satisfactory explanation of the marked increase in the incidence of poliomyelitis of recent years in this country has been forthcoming, but the answer may be found among the following alternatives:

1. The loss by the community to some extent of its immunity to the indigenous virus;
2. An increase in the virulence of the "native" virus;
3. The introduction of a new strain of virus to which the community has yet to become immune.

When cases of poliomyelitis are occurring in a community the number of sub-clinical infections far exceeds the number of overt cases. It is probable that for every 100 persons infected with the virus of poliomyelitis only one shows appreciable clinical evidence of infection.

Poliomyelitis was formerly known as "infantile paralysis", but this is a misnomer as there has in recent years been a shift in the age incidence from the under fives to the older children and young adults, in fact it is, in my experience, in the young adults that the majority of the dangerous and often fatal bulbo-spinal cases occur.

During 1953 there were 40 cases notified in Poole, with 1 death. 19 cases were under 10 years of age, 3 cases in age group 10 to 15 years, 4 in age group 15 to 25 years, and 14 in age group 25 years and over.

There is doubt as to how the virus invades the body. For some time it was regarded as being droplet-borne, gaining access to the central nervous system through the nasal mucosa. Of recent years more attention has been paid to the probable entry through the gastro-intestinal tract. It has been shown that the virus can be found in the pharynx for about a week after the onset of the disease and that the virus can be recovered from the faeces for 4-8 weeks. As a large number of those infected with the virus show no clinical evidence of the disease, the number of persons excreting the virus in their faeces during a time of epidemic prevalence may be considerable. For this reason it is wise, until the pathogenesis of poliomyelitis is more clearly established, to assume that the temporary intestinal carrier can play a considerable part in the dissemination of the infection, and preventive measures should pay considerable attention to the hygiene of the hands.

Measles

Measles became a notifiable disease in 1940, in which year there was a major outbreak in the Borough, 1,694 cases being notified.

In 1949 there was again a major outbreak, 1,134 cases being notified. This outbreak created in the child population a high level of immunity to the virus of measles, for in 1950 only 82 cases were recorded. The number of cases notified in 1951 rose sharply to 1,469, owing to the fact that the comparative absence of the disease in 1950 had allowed the level of immunity to fall. In 1952 the number of notifications fell to 360, but rose again sharply in 1953 to 1611. The following table indicates that this disease tends to follow a biennial rhythm.

<i>Year</i>	<i>Number of cases of measles</i>	<i>Year</i>	<i>Number of cases of measles</i>
1940	1,694	1946	533
1941	326	1947	882
1942	736	1948	528
1943	353	1949	1,134
1944	725	1950	82
1945	293	1951	1,469
		1952	360
		1953	1,611

Whooping Cough

The incidence of whooping cough was low during 1949, but there was a sharp rise in the number of cases in 1950, when 449 cases were notified. In 1951 there were 390 cases, with 2 deaths, in 1952 136 cases, with no deaths, and in 1953, 302 cases with no deaths.

Tuberculosis

Up to the 5th July, 1948, the Medical Officer of Health of the County of Dorset was responsible for the county scheme for the diagnosis and treatment of tuberculosis. From the 5th July, the diagnosis and treatment of tuberculosis became the responsibility of the Regional Hospital Board, Chest Physicians being appointed, but the Medical Officer of Health is still responsible for taking what steps he can to prevent and control this disease and his powers and duties under the Tuberculosis Regulations are not affected.

The disease has shown an increased incidence throughout the country during the war and post-war years. The housing shortage with its unavoidable overcrowding and the shortage of hospital beds for highly infective and incurable cases have been the main contributing factors in the increased incidence. Because tuberculosis, unlike the majority of other communicable diseases, is a slow infection which may not declare itself in an acute form for several years after the initial infection, there is a certain complacency in dealing with it as a preventable infectious disease. When the community has been taught that tuberculosis is an infectious disease which can be prevented, an educated public opinion will insist that a greater effort is made to secure its prevention.

In this connection, the fullest use should be made of the facilities offered by the Mass Radiography Units, as if this disease is detected in its early stages full recovery is more certain and the danger from undetected cases is reduced.

In the following Tables particulars are given of the position regarding the incidence of the disease in recent years.

	<i>First Notifications</i>		<i>Formerly notified new residents</i>		<i>Deaths</i>	
	<i>Pulmonary</i>	<i>Other Forms</i>	<i>Pulmonary</i>	<i>Other Forms</i>	<i>Pulmonary</i>	<i>Other Forms</i>
1925	59	18	12	1	33	6
1930	61	14	3	1	48	6
1935	47	14	12	—	52	3
1940	47	13	15	—	39	11
1941	53	10	14	—	42	5
1942	55	10	8	1	38	4
1943	55	17	12	1	34	2
1944	73	27	20	2	45	6
1945	49	11	27	2	37	5
1946	65	11	31	6	47	8
1947	87	11	37	2	40	3
1948	56	11	20	5	35	3
1949	55	10	37	—	22	1
1950	68	16	39	6	27	3
1951	62	6	36	4	18	2
1952	46	11	28	—	21	2
1953	51	9	34	1	19	1

For the year under review, the details are as follows :—

Age Period	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0-	1	—	—	—	—	—	—	—
1-	—	—	1	—	—	—	—	—
5-	—	2	—	4	—	—	—	—
15-	6	9	—	—	—	—	—	—
25-	3	5	—	—	1	1	—	1
35-	2	3	—	—	1	2	—	—
45-	3	5	1	—	2	1	—	—
55-	3	2	1	—	5	2	—	—
65 & upwards	3	4	1	1	3	1	—	—
Totals	21	30	4	5	12	7	—	1

Of the deaths from the respiratory form:

1	had been notified during 1942	5	had been notified during 1949
1	„ „ „ „ 1945	6	„ „ „ „ 1950
1	„ „ „ „ 1946	1	„ „ „ „ 1952
		4	„ „ „ „ 1953

There was 1 non-pulmonary death, which was due to tuberculosis of the spine.

CASES ADMITTED TO ALDERNEY INFECTIOUS DISEASES HOSPITAL DURING 1953

A.P.M.	35
Measles-Broncho-Pneumonia	12
Measles-Bronchitis	1
Spasmodic cough	1
Pneumonia	13
Measles	17
Chickenpox-Impetigo	1
Whooping cough	4
Meningitis	2
Scarlet Fever	11
Meningismus	1
Enteritis	1
Influenza and Laryngitis	1
Pneumonia & Malaria	1
Meningococcal Septicaemia	1
Drug rash	2
Scarlet Fever and Burns	1
Surgical Scarlet Fever	1
Glandular Fever	3
Cerebral Haemorrhage	1
Influenza	3
Whooping Cough-measles-pneumonia	1
Pyrexia	1
Dermatitis	1
Allergic skin rash	1
Chickenpox	2
Pharyngitis	1
Rubella	2
Acute Nephritis	1
Epileptiform attack	1
Gastro-enteritis	1
Salmonella	1
Pemphigus	2
Ulcerative colitis	1
Bursitis	1
H.S. Infection	3
Food poisoning	3
Myalgia	2
Malaria	2
Paratyphoid Fever	1
Cystitis	1
Cellulitis	2
Erysipelas	2
Infective Hepatitis	2
Pyelitis	2
Cervical disc lesion	1
Laryngitis	1
Acute Bronchitis	1
Healthy infant accompanying mother	1
Convulsions	1
P.U.O.	2
N.A.D.	3

YEARLY SUMMARY OF INFECTIOUS DISEASES — 1953

Disease	At all ages	Under 1 year	1-2 years	3-4 years	5-9 years	10-14 years	15-24 years	25 and over	Age Unknown
Measles ...	1611	39	291	422	800	24	11	14	10
Whooping Cough ...	302	23	59	77	135	4	1	2	1
Scarlet Fever ...	49	—	3	10	27	6	2	1	—
Poliomyelitis P. ...	18	—	1	4	2	—	4	7	—
Poliomyelitis N. P. ...	22	—	2	3	7	3	—	7	—
Acute Pneumonia ...	74	19	8	—	12	21	14	—	—
Erysipelas ...	7	—	—	—	1	2	1	3	—
Meningococcal Infection ...	1	—	—	—	—	1	—	—	—
Paratyphoid Fever ...	1	—	1	—	—	—	—	—	—
Food Poisoning ...	6	—	—	—	2	3	—	—	1
Puerperal Pyrexia ...	35	—	—	—	—	—	—	—	35
Malaria ...	2	—	—	—	2	—	—	—	—
TOTAL	2128								

BOROUGH OF POOLE



ANNUAL REPORT

of the

Port Medical Officer

On the Health of the Port of Poole

FOR THE YEAR

1953

PART II

PUBLIC HEALTH COMMITTEE, 1953 (acting as Port Health Authority)

Chairman:

Alderman D. A. HAYNES, J.P.

Vice-Chairman:

Councillor F. V. CRAWSHAW

Aldermen:

S. D. BALLAM
J. BRIGHT, J.P.

A. B. HAYNES, J.P.
Miss M. M. LLEWELLIN, J.P.

Councillors:

L. W. CHISMAN
Mrs. J. D. COLES
R. C. HART
Mrs. E. M. HICKINSON, J.P.

L. J. MATCHAN
S. D. POLLARD
S. J. STOUT
Mrs. A. WILLIS

OFFICERS OF THE AUTHORITY

Clerk to the Port Health Authority:

WILSON KENYON, Town Clerk

Medical Officer of Health:

JAMES HUTTON, M.D., D.P.H.

Deputy Medical Officer of Health:

JAMES A. SINCLAIR, M.B., D.P.H.

Port Sanitary Inspector:

ROBERT LEGGAT, F.S.I.A.

Deputy Port Sanitary Inspector:

C. A. TRIM, Cert. R.S.I.

Rodent Officer:

G. W. SKEGGS

Office Clerk:

MRS. R. B. BURCHETT

PREFACE

To the Chairman and Members of the Public Health Committee, acting as the Port Health Authority.

I submit for your information and consideration my Annual Report as Port Medical Officer of Health for the year 1953.

The report is made in accordance with Article 17 (5) of the Sanitary Officers (outside London) Regulations 1935 and 1951. As a result of the Public Health (Ships) Regulations, 1949, the Minister of Health has reviewed the form and scope of the Annual Reports of Medical Officers of Health and in Port Form 20 enclosed with Circular 33/52 dated 6th November, 1952, he prescribes the form and sequence which the reports should follow.

One innovation in the requirements of the Minister is that the information required by Sections I, V, VI, VIII, XIV, XV and XVI (all marked with an asterisk), which has been given in an earlier report and has not since changed, need not be repeated every year. A recapitulation of all the information should be made in the reports for 1952 and 1955 and thereafter quinquennially. For the intermediate years, only the changes which have occurred during the year covered by the report need be mentioned in those sections.

In presenting this report I have pleasure in taking the opportunity of expressing my thanks to the Harbour Master, Captain C. H. Horn, and the Officers of H.M. Customs for their ready co-operation and help during the year, and to the Port Sanitary Inspector, Mr. R. Leggat and his Deputy, Mr. C. A. Trim, for their willing assistance and interest in the work.

Yours faithfully,

JAMES HUTTON,

Port Medical Officer of Health.

March, 1954.

THE PORT OF POOLE

Constitution of the Port Health Authority

The Port was permanently constituted a Port Sanitary Authority by an order of the Local Government Board dated 21st September, 1887, and an amending order dated 27th February, 1909.

The Port Health Authority is the Mayor, Aldermen and Burgesses of the Borough, acting by the Council.

Limits of Jurisdiction

The present limits of jurisdiction were fixed in 1909, as follows:

“The jurisdiction of the said Port Sanitary Authority shall extend to so much of the said Port of Poole as lies to the westward of a straight line drawn across the mouth of Poole Harbour from the easternmost point of North Haven to the easternmost point of South Haven; together with the waters of the said port within such limits, and the place or places for the time being appointed as the Customs Boarding Station or Stations for such part of the said Port, and every other place for the time being appointed for the mooring or anchoring of ships for such part of the said Port, under any regulations for the prevention of the spread of disease issued under the authority of the statutes in that behalf; and the watersides of the District of the said Port Sanitary Authority constituted as aforesaid, and the docks, basins, harbours, creeks, rivers, channels, roads, bays and streams belonging to that part of the said Port for which such Authority is constituted as aforesaid.”

Port Facilities

Poole is chiefly a cargo port, the majority of the vessels being engaged in the coastal transport of coal, oil and petrol, though there is also a regular traffic in timber from continental countries. During the summer the port is the base for pleasure steamers operating between the local seaside resorts, but this is the only passenger traffic. Fishing is still carried on from the port, though only during the sprat season are landings heavy. The harbour is one of the great yachting centres of Britain, and the building, servicing and repair of yachts and other boats is one of the industries of the port.

The public quay accommodation consists of 3,000 feet frontage, i.e.:

Hamworthy Quay	500 feet at 15ft low water ordinary tide
Town Quay	1000 feet at 16ft. „ „ „ „
	1000 feet at 15 to 10ft. „ „ „ „
	500 feet shallow berthing (for yachts).

There are also some 3,500 feet of private wharves, including 1,000 feet of new wharfing constructed in 1950 by the British Electricity Authority for the new power station, Hamworthy. All the public quays are serviced by railways. Unloading equipment consists of one 3-ton electric travelling crane belonging to the Harbour Commissioners and four electric cranes and two steam cranes belonging to private firms. There are, in addition, two privately-owned coal transporters each capable of dealing with between 1,000 and 1,200 tons of coal per day. Ship repairing facilities include seven yards capable of carrying out repairs to ships and yachts.

There is in the harbour an extensive area of safe anchorage. The depth of the water at the Harbour Bar is 13 feet at mean low water springs and 19 feet at mean high water springs and both flood and ebb tides run at about $\frac{3}{4}$ of a knot. The channels are kept dredged and ships drawing 16 feet can enter the Port at high tides.

The telegraph address of the Port Health Authority is registered as "Portelth Poole".

Address and telephone number of Medical Officer of Health:

Office: Public Health Department, Municipal Buildings, Poole. Poole 393.

Home: 23 Pearce Avenue, Parkstone, Dorset. Parkstone 4140.

***I. Staff**

The only change in staff is Mrs. B. Burchett, office clerk (Clerk in Public Health Department, Borough of Poole), appointed 9/2/53 in place of Miss Tapper — resigned 1/10/52.

II. Amount of Shipping Entering the Port During the Year

Table B

Ships from	Number	Tonnage	Number Inspected		Number of Ships reported as having had, during the voyage, infectious disease on board
			By the Medical Officer of Health	By the Sanitary Inspector	
Foreign Ports	†141	46,963	—	86	Nil
Coastwise ...	1,100	470,709	—	118	Nil
Total ...	1,241	517,672	—	204	Nil

†Does not include 174 yachts with total tonnage of 2,878.

III. Character of Shipping and Trade During the Year

Table C

Passenger Traffic

Number of passengers INWARDS — Nil

Number of passengers OUTWARDS — Nil

Cargo Traffic

Principal IMPORTS — Timber, stone, coal, animal feeding stuffs, fertilisers, fresh vegetables

Principal EXPORTS—China clay, spent oxide, ball clay.

Principal ports from which ships arrive

Channel Isles, French, Scandinavia and Baltic ports.

IV. Inland Barge Traffic

There is no inland barge traffic in the port.

*V. Water Supply

1. Source of supply for the district and shipping.

The water supply for the port and shipping is that from the town mains provided by the Poole Waterworks Undertaking from hydrants on the quays. It is a softened, filtered and chlorinated water of high bacterial purity.

2. Reports of tests for contamination.

The supply was sampled every two or three days throughout the year and every sample was reported as "Class I—highly satisfactory".

17 samples of water supplies on ships using the port regularly were taken during the year for bacteriological examination. 16 were reported as "Class I" and one as "Class IV". In the latter case the ship's tanks were cleaned and disinfected and subsequent samples were satisfactory.

3. Precautions taken against contamination of hydrants and hosepipes.

Hydrants and hoses are cleansed and flushed and connections disinfected regularly by the Waterworks Undertaking and instructions have been issued that all hydrants and hoses must be cleansed and flushed before each use.

4. Number and sanitary condition of water boats, and power of control by the Authority.

One small private water boat is in use in the harbour during the summer months for the supply of water to small yachts.

Three samples of water obtained from the water boat during the season were reported as "Class I".

*VI. Public Health (Ships) Regulations, 1952

No change.

VII. Smallpox

1. Name of Isolation Hospital to which smallpox cases are sent from the district.

Crabwood Smallpox Hospital, Nr. Winchester, Hants.

2. Arrangements for transport of such cases to that hospital.

Transport of smallpox cases would be carried out by the Ambulance Service of the Dorset County Council operating from the Poole Ambulance Depot.

The vaccinal state of the 13 ambulance personnel at this depot is that 7 were last vaccinated in 1953, 3 in 1952, 1 in 1951, 1 in 1949 and one has refused vaccination.

3. Names of smallpox consultants available.

Dr. George Chesney, Poole.

4. Facilities for laboratory diagnosis of smallpox.

Suspected material is sent to :

Dr. F. O. McCallum,
Virus Reference Laboratory,
Central Public Health Laboratory,
Colindale, London, N.W.9.
Tel. No. Colindale 6041.

***VIII. Venereal Disease**

No change.

IX. Cases of Notifiable and other Infectious Diseases on Ships.

Table D

Category	Disease	Number of cases during the year		Number of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports	Nil	Nil	Nil	Nil
Cases which have occurred on ships from foreign ports but have been disposed of before arrival	Nil	Nil	Nil	Nil
Cases landed from other ships	Nil	Nil	Nil	Nil

X. Observations on the occurrence of Malaria in Ships
None.

XI. Measures taken against Ships infected with or suspected for Plague

None necessary.

XII. Measures against Rodents in Ships from Foreign Ports

Poole is a "Designated Approved Port" for the issue of Deratting Certificates and Deratting Exemption Certificates in accordance with Article 17 of the International Sanitary Regulations, 1951, and Articles 19, 20 and 21 of the Port Health (Ships) Regulations, 1952 are enforced in the Port. Both the Port Sanitary Inspector and the Deputy Port Sanitary Inspector have been trained in deratisation procedure.

1. During routine inspections of ships by the Port Sanitary Inspectors, masters and crew are interrogated as to the presence of rats and the ship in general and the crew's quarters in particular are examined for evidence of infestation. Where evidence is found or suspected a detailed search of the ship (including the holds) is made by the Rodent Officer who endeavours to secure one or more rats for bacteriological and pathological examination. Whenever a Deratting or Deratting Exemption Certificate is found to be out of date, or a certificate is needed, a detailed inspection and search of the ship is carried out jointly by the Port Sanitary Inspector and the Rodent Officer before a certificate is issued or renewed. A similar procedure is adopted before the issue or renewal of Rodent Control Certificates for coastal ships.
2. Bacteriological and pathological examinations of rodents are carried out by the Public Health Laboratory, Bournemouth, (Director, G. J. G. King, M.B., B.Ch.). In no instance was evidence of rats found on a ship inspected in the port during the year, but four brown rats obtained from warehouses in the port area were submitted for bacteriological and pathological examination during the year. None showed any evidence of rodent plague infection.
3. Small infestations of rats on ships are dealt with directly by the Rodent Officer, using standard trapping and baiting methods. Major infestations requiring large scale fumigations are carried out by any one of the commercial contractors on the Authority's list, the arrangements being made direct by the owners or agents.
4. Every effort is made by the Port Sanitary Inspectors to secure improvement in the rat-proofing of ships where harbourage is found on inspection but, except in the cases of those ships based on the Port, very few opportunities arise for improvement of structures owing to the very short stay in port of the ships.

Table E
Rodents destroyed during the year in ships from foreign ports

Category	Number
Black rats	Nil
Brown rats	Nil
Species not known	Nil
Sent for examination	Nil
Infected with Plague	Nil

The number of rats destroyed during the year in warehouses, etc., on the Quays was 96.

Table F
Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports

No. of Deratting Certificates Issued					Number of Deratting Exemption Certificates Issued 6	Total Certificates Issued 7
After fumigation with		After Trapping 3	After Poisoning 4	Total 5		
H.C.N.	Other Fumigant (State Method) 2					
1						
Nil		Nil	Nil	Nil	11	11

Rodent Control Certificates
During the year 9 Rodent Control Certificates were issued to coastal ships operating regularly in the port.

XIII. Inspection of Ships for Nuisances

Table G
Inspection and Notices

Nature and number of Inspections	Notices Served		Result of Serving Notices
	Statutory Notices	Other Notices	
Routine Inspections 204	—	8	Abated, 6; Outstanding when ship left, 2.
Re-inspections 23	—	—	—
Re water supplies 19	—	1	Tanks cleaned and chlorinated. Subsequent samples satisfactory.
Infectious Diseases —	—	—	—
Searches by Rodent Officer 19	—	—	—
Total 265	—	9	—

***XIV. Public Health (Shell Fish) Regulations, 1934 and 1948**

Shell-fishing is carried on commercially in the harbour on a small scale, although the takings continue to diminish each year.

During 1953 commercial takings of shellfish were—cockles 434 cwt., periwinkles 418 cwt. Mussels are practically extinct.

The commercial fishermen mainly operate in the southern and western parts of the harbour areas which routine sampling during the past five years has shown to be remarkably free from serious pollution.

Members of the general public frequently gather cockles from the developed and more built-up northern and eastern shores of the harbour where occasional pollution is more likely during periods of heavy rainfall owing to the presence of several sewer storm-water overflows. No prohibited area has been prescribed in the harbour but observation is being maintained on these shores to determine the extent of pollution involved. During 1953 17 samples of cockles were obtained for bacteriological examination from these areas ; 11 showed no faecal coli present in 1 ml. of shell-fish, 3 contained one faecal coli per 1 ml., two contained two faecal coli in 1 ml., and one contained 44 faecal coli in 1 ml.

The oyster fishing industry finished in the harbour about 1935, but in 1951 the Ministry of Agriculture and Fisheries Experimental Station, Conway, laid some 10,000 oysters in South Deep, Main Channel and Wareham Channel. A further 4,500 were laid by a private firm in Wych Channel. These layings are experimental but it is understood that so far the results have been encouraging and small quantities of oysters are now being dredged and sent to Whitstable for purification in tanks before marketing.

***XV. Medical Inspection of Aliens**

Not applicable.

***XVI. Miscellaneous**

No change

Pollution of the Harbour

In conjunction with the Chief Fishery Officer of the Southern Seas Fisheries District, efforts are being continued to trace all sources of chemical pollution of the harbour. A number of sources are known and these are being sampled regularly to determine if the discharges are inimical to fish life.

ANNUAL REPORT

to the

Local Education Authority

on the

SCHOOL HEALTH SERVICE

in the

BOROUGH OF POOLE

FOR THE YEAR

1953

PART III

SCHOOL HEALTH SERVICE

Report of the School Medical Officer
for the year 1953

COMMITTEE FOR EDUCATION, 1953

Chairman: Alderman W. D. SIMMONDS, O.B.E.
Vice-Chairman: The Worshipful the Mayor,
Alderman Miss M. M. LLEWELLIN, J.P.

Aldermen:

S. D. BALLAM
J. BRIGHT, J.P.
A. J. H. PEARCE

G. BRAVERY, J.P.
D. A. HAYNES, J.P.

Councillors:

J. C. AIREY, M.C., M.A.
L. W. CHISMAN
Mrs. D. J. COLE
Mrs. E. M. HICKINSON
L. MATCHAN
Mrs. M. E. WALTERS
S. M. WOODFORD

G. S. BROWN, J.P.
W. H. COLE
E. A. R. HEBLEY
A. LLOYD-ALLEN
S. J. STOUT
Mrs. A. WILLIS

County Council Members:

Eng.-Commander R. H. BAKER, R.N. Mrs. M. CHAMPION
Mr. R. E. CHISMAN, J.P. Mr. T. H. SUTTON, J.P.

Co-opted Members:

The Very Rev. Canon M. J. COUGHLAN
The Very Rev. Canon H. BARTON
(Resigned 26.10.53)
Mr. N. M. F. BOYD
Mr. A. J. MARTIN

The Rev. W. DICKINSON
The Rev. Canon G. D. ARCHER
(Appointed 23.11.53)
Mr. E. J. HERRING

STAFF

- Medical:* James Hutton, M.D., D.P.H.
J. A. Sinclair, M.B., Ch.B., D.P.H.
H. C. Williamson, M.B., B.Ch., B.A.O., D.P.H.
- Dental:* W. K. Rimmer, L.D.S., D.D.S.
C. E. Thomas, L.D.S., R.C.S.
R. Allen, L.D.S. (Resigned 29.1.53)
J. M. Sullivan, L.D.S., R.C.S (Appointed 20.4.53)
- School Nurses (Health Visitors):* Miss M. M. Kingsbury, S.R.N., S.C.M., H.V.C.
(Superintendent Health Visitor and School Nurse)
Miss H. Brooks, S.R.N., S.C.M., H.V.C.
Mrs. V. M. Hall, S.R.N., S.C.M., H.V.C.
Miss I. Koster, S.R.N., S.C.M., H.V.C.
Miss V. Kusel, S.R.N., S.C.M., H.V.C.
Miss L. B. Lever, S.R.N., S.C.M., R.F.N.
Mrs. V. Narbett, S.R.N., S.C.M., H.V.C.
Miss M. Phillips, S.R.N., S.C.M., H.V.C.
Miss K. F. Porter, S.R.N., S.C.M., H.V.C.
Mrs. M. Stapley, S.R.N., S.C.M., H.V.C.
- Dental Attendants:* Miss G. Forrest
Miss R. Nicholls
Mrs. E. T. Mattinson
- Clerks:* Mr. F. B. Edwards (Chief Clerk)
Mr. C. A. Fox
Miss P. Giles
Miss J. Beardsell (Part-time)

Medical Auxiliaries

- Speech Therapist:* Miss M. J. Bartels, L.C.S.T. (Resigned 28.1.53)
Miss S. M. Darbourne, L.C.S.T. (Appointed 14.1.53)
- Oral Hygienist:* Miss S. Evans
- Psychiatric Social Worker:* Miss A. D. Filliter

Consultant Services

These services are provided by the South West Metropolitan Regional Hospital Board in the local hospitals or in clinics.

SCHOOLS

Primary

There are in the Borough 17 Primary Schools, of which 12, comprising 15 departments, are County Primary Schools provided and maintained by the Local Education Authority and 5 are Voluntary Primary Schools, of which 3, comprising 6 departments, are provided by the Church of England and 2 by the Roman Catholic Church.

Secondary Modern Schools

There are 5 Secondary Modern Schools in the Borough.

Grammar Schools

There are 2 Grammar Schools in the Borough — Poole Grammar (Boys) and Parkstone Grammar (Girls).

Private Schools

There are 18 Private Schools in the Borough.

Private schools do not come within the scope of the School Health Service, but under Section 78 of the Education Act of 1944 a Local Education Authority may make arrangements with the proprietor of such a school for the provision of certain ancillary services, including medical inspection and treatment.

The Local Education Authority have not taken action under this section.

Accommodation

	Average Number on Roll during 1953	Average attendance	Percentage attendance
Grammar Schools ...	1,302	1,239	95.2
Secondary Modern Schools	2,573	2,350	89.4
Primary Schools ...	7,179	6,431	89.6
Totals	<u>11,054</u>	<u>10,020</u>	<u>90.6</u>

LIAISON WITH HOSPITAL AND GENERAL PRACTITIONER SERVICES

By the end of 1953 the National Health Service Act had been in operation for 5½ years and the last year was marked by increased liaison and co-operation between the medical staff of the General Hospitals and the medical officers of the School Health Service in Poole.

There is little or no difficulty, or undue delay, in arranging appointments with the consultants in the various specialities and, since the opening in June 1952 of the new Out-Patients' Department at Poole General Hospital, these arrangements have been greatly facilitated.

The close liaison existing between the Health Department and the local Infectious Diseases Hospital, with the resultant early notification of cases of infectious diseases admitted to hospital, facilitates the work of the School Medical Officer in investigation, prevention and control of infectious diseases in schools.

There is an excellent relationship with the local general practitioners. The family doctor is fully informed of all relevant matters arising during a school medical examination, e.g. defects which the School Medical Officer considers require specialist's opinion. In such cases the family doctor is given the option of either taking personal action or leaving the examining Medical Officer to make arrangements with the appropriate specialist. The general practitioners, in increasing numbers, have chosen to leave arrangements to the School Medical Officer provided they are "kept in the picture". They are fully informed and supplied with copies of reports received from the hospital. This arrangement seems to work smoothly and satisfactorily. Treatment, domiciliary or other, of acute diseases or other illnesses not requiring specialist treatment, is the responsibility of the general practitioner, and in such cases the parents are advised to see their own family doctor.

THE WORK OF THE SCHOOL HEALTH SERVICE

The work of the School Health Service may be summarised as follows:

- (1) Routine and special inspection and re-inspection.
- (2) Examination of children for fitness for part-time employment.
- (3) Class by class inspection by the school nurses.
- (4) Minor ailment clinics.
- (5) Special clinics.
- (6) Ascertainment and classification of handicapped pupils.
- (7) Investigation and control of infectious disease.
- (8) Diphtheria immunisation.
- (9) Dental inspection and treatment.
- (10) Hygiene and sanitation of school premises, including school kitchens and canteens.

MEDICAL AND DENTAL INSPECTION

The School Health Service and Handicapped Pupils Regulations, 1953, Section 10, state that the arrangements made for the medical (including dental) inspection of pupils attending schools maintained by the Authority shall ensure :

1. (a) a general medical inspection of every pupil on not less than three occasions at appropriate intervals during the period of his compulsory school age and other medical inspections of any pupil on such occasions as may be necessary or desirable:

Provided that there may be fewer than three general inspections for any pupil who attends schools maintained by the Authority for less than the period of his compulsory school age or, if the Minister approves, for all pupils :

- (b) a dental inspection of every pupil who is admitted for the first time to a maintained school as soon as possible after admission and on such later occasions as may be practicable and necessary ; and
 - (c) that the attention paid to the general health and welfare of any pupil who is suffering from a disability of mind or body shall include particular attention to his disability.
2. So far as practicable, the parent of every day pupil shall be given the opportunity of being present at any general medical inspection and first dental inspection of his child.

Routine medical examinations are carried out in Poole as follows :

- (a) As soon as possible after entry to a Primary School.
- (b) During the last year at a Primary School.
- (c) During the term before the term in which the child is due to leave school.

If, at a school medical examination, a child is found to be suffering from a defect, the parent is advised or the child is referred for treatment to the family doctor, the appropriate clinic or hospital.

A child who has been found, at routine inspection, to be suffering from a defect is re-examined at intervals. Other "special" examinations are carried out at the request of the parent, the teacher or the school nurse. Such examinations may be carried out at a routine inspection or at an inspection arranged for that purpose.

Medical Records

Records of all children attending maintained schools in the Borough are centralised in the School Health Section of the Health Department. This facilitates arrangements for medical inspection and follow-up.

Dental Records

These are filed at the appropriate surgeries.

Result of Medical Inspection

During 1953, 3,729 children were examined at routine medical inspections. Of these, 1,569 were entrants, 1,161 were in the intermediate age group and 999 were "leavers".

Of the 3,729 children examined, 1,164 were found to have defects requiring treatment (excluding defective nutrition, verminous conditions and dental caries.).

880 special inspections and 2,106 re-inspections were carried out during the year.

Defects found at School Medical Inspections

Defect or Disease	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	(1)	(2)	(3)	(4)
				(5)
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring to be kept under observation but not requiring treatment
Skin	63	15	10
Eyes — (a) Vision	286	47	85
(b) Squint	58	11	2
(c) Other	15	17	119
Ears — (a) Hearing	24	36	6
(b) Otitis Media	22	13	2
(c) Other	16	14	49
Nose or Throat	234	262	45
Speech	12	74	2
Cervical Glands	43	72	7
Heart and Circulation	34	41	1
Lungs	83	76	—
Developmental — (a) Hernia	8	20	—
(b) Other	15	60	—
Orthopaedic — (a) Posture	118	28	6
(b) Flat foot	124	52	11
(c) Other	222	85	62
Nervous system — (a) Epilepsy	7	3	1
(b) Other	1	3	—
Psychological — (a) Development	3	30	29
(b) Stability	19	45	10
Other	43	32	300
				28

General Condition

Three categories are used in the classification of a child's general condition:

A — better than normal or "good".

B — normal or "fair".

C — below normal or "poor".

The child's category is decided not only on a nutritional basis but also according to the presence or absence of defects. The figures for 1953 are as follows:

Age Group	No. of pupils inspected	A Better than normal or Good		B Normal or Fair		C Below normal or Poor	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1569	891	56.8	664	42.3	14	0.9
Second age group...	1161	708	61.0	446	38.4	7	0.6
Third age group ...	999	588	58.9	402	40.2	9	0.9
Other periodic inspections ...	—	—	—	—	—	—	—
TOTAL	3729	2187	58.7	1512	40.5	30	0.8

National Survey of the Health and Development of Children

The Joint Committee, consisting of the Institute of Child Health (University of London), the Society of Medical Officers of Health and the Population Investigation Committee, have been following the health, growth and development of 6,000 children born in one week in March, 1946, who are drawn from all social classes and from all parts of Great Britain. Twelve of these children were living in the Borough in 1953.

DEFECTIVE COLOUR VISION IN SCHOOL CHILDREN

For some years in Poole the school medical officers have stressed the importance of detection of defective colour vision.

In view of the fact that 8 % of the male population suffer from some degree of congenital colour blindness, usually of the "red-green" type, it is important that the parents of such boys should know of this defect before their sons have started training with a view to entering a trade or profession requiring normal colour vision. With less than $\frac{1}{2}$ % girls suffering from this defect it is less likely that it will cause serious inconvenience.

PART-TIME EMPLOYMENT OF SCHOOL CHILDREN

A Local Education Authority has power, under Section 59 of the Education Act, 1944, to prohibit or restrict the employment of a school child if it is considered that such employment would be prejudicial to his health or would otherwise render him unfit to derive full benefit from his education.

During 1953, 129 children were examined for fitness for employment and a certificate of fitness was issued in each case.

In addition 7 children were examined for fitness to be employed in Entertainments (Pantomime) and a certificate of fitness issued in each case.

The school medical officers have found there is no adverse effect on these children's health by being employed within the limits allowed by the Bye-Laws.

CLASS BY CLASS INSPECTION

At routine medical inspections, parents usually attempt to present their children in as clean a state as possible so that the presence of verminous conditions may easily be overlooked. Rapid general surveys are made periodically by the School Nurses with the object of detecting verminous conditions and the presence of infectious and contagious diseases.

During these rapid surveys 23,352 individual examinations were carried out. Children found to be suffering from infectious or contagious conditions or any other condition requiring medical attention were referred to the school clinic or the family doctor. 161 children were found to be infested with head lice and arrangements were made for their treatment at home, at a minor ailment clinic, or, in severe or persistent cases, at the special cleansing centre.

The standard to which the school nurses are instructed to adhere in these inspections is high. If a child has one nit, that is regarded as a case of infestation and is recorded. The finding of even one nit is evidence that a head louse has been present.

MINOR AILMENT CLINICS

As a rule complaints of a minor nature only are treated at the minor ailment clinics. Children who require treatment outside the scope of the clinic are referred to their family doctor, the appropriate special clinic or to the general hospital.

Minor Ailment Clinics are held as follows:

	<i>Address</i>	<i>Open on</i>	<i>Time</i>	<i>Doctor in Attendance</i>
(1)	The School Clinic, 67 Market Street, Old Town.	Monday and Thursday	9 a.m.	Monday
(2)	The School Clinic, Shillito Road, Parkstone.	Tuesday and Friday	9 a.m.	Friday
(3)	Hamworthy School	Tuesday and Friday	9 a.m.	Tuesday
(4)	Henry Harbin School	Thursday	9 a.m.	2nd and 4th Thursday in each month
(5)	Broadstone Women's Institute	Thursday	9 a.m.	1st, 3rd and 5th Thursday in each month
(6)	Kemp Welch School	Wednesday	9 a.m.	Wednesday
(7)	Herbert Carter School	Tuesday and Friday	10.45 a.m.	Tuesday
(8)	Trinidad School	Monday	2.15 p.m.	No.
(9)	Sylvan School	Tuesday	2.15	No.

Attendances at Minor Ailment Clinics in 1953 were as follows :—

	<i>No. of children</i>	<i>No. of attendances</i>
(1) Old Town	125	175
(2) Branksome	334	427
(3) Hamworthy	209	363
(4) Henry Harbin	36	45
(5) Broadstone	81	111
(6) Kemp Welch	186	241
(7) Herbert Carter	160	229
(8) Trinidad (From 1.11.53) ...	20	43
(9) Sylvan (From 1.11.53) ...	35	70
	<hr/> 1186 <hr/>	<hr/> 1704 <hr/>

The following is a summary of defects found in children attending Minor Ailment Clinics during the year :—

Skin	...	...	...	...	...	...	25
Eyes (a)	Vision	...	...	...	...	...	79
	(b) Squint	...	...	...	...	...	3
	(c) Other	...	...	...	...	...	166
Ears (a)	Hearing	...	...	...	...	...	3
	(b) Otitis Media	...	...	...	...	...	1
	(c) Other	...	...	...	...	...	70
Nose or Throat	...	...	...	...	...	...	53
Speech	...	...	...	...	...	...	2
Cervical Glands	...	...	...	...	...	...	11
Heart and Circulation	...	...	...	...	...	...	1
Orthopaedic (a)	Posture	...	...	...	...	...	6
	(b) Flat foot	...	...	...	...	...	6
	(c) Other	...	...	...	...	...	61
Psychological (a)	Development	...	...	...	...	...	2
	(b) Stability	...	...	...	...	...	5
Other	...	...	...	...	...	...	1704
TOTAL							2198

REMEDIAL EXERCISE CLASSES IN SCHOOLS

Special classes for remedial exercises for school children are organised by the County Remedial Organiser, Miss H. M. Sebestyen. Minor orthopaedic conditions such as flat feet, knock knee and postural abnormality are generally amenable to such treatment.

The remedial classes in the area are continuing as before with the co-operation of Head Teachers. The enthusiasm of the remedial teachers makes this work very worthwhile and they are compensated for the extra work involved by the results obtained.

Lack of accommodation makes the organisation of remedial classes extremely difficult in some schools now that the classes are large and every available space is utilised for class teaching.

No classes have been possible during the year at the following schools :

Oakdale Primary
 St. Aldhelm's (Both departments)
 St. Peter's (Junior department).

In all other schools classes have been held regularly.

No instructional Courses have been held in Poole this year, but several teachers have attended in other parts of the County.

It has been possible for the Organiser to meet parents at some of the schools, and this contact proves invaluable, especially in the Infant Schools where parents can be advised on such subjects as footwear.

SPECIAL CLINICS

During 1953 special clinics were held as follows:

Ophthalmic Clinic

"Torvaine", St. Peter's Road, Parkstone. Monday and Tuesday at 9.15 a.m.
Wednesday at 2 p.m.

Child Guidance Clinic

Poole Clinic, 67 Market Street, Poole. Tuesday and Thursday at 2 p.m.

Speech Clinic

"Torvaine", St. Peter's Road, Parkstone. Friday at 10 a.m. and 2 p.m.
Herbert Carter School, Blandford Road, Hamworthy. Thursday at 10 a.m.
Henry Harbin School, Wimborne Road, Poole. Monday at 10 a.m. and 2 p.m.

Asthma Clinic

Branksome Clinic, Shillito Road, Parkstone. Monday at 2 p.m.

OPHTHALMIC AND ORTHOPTIC CLINICS

RICHARD BOWES, M.B., B.S., D.O.M.S., *Ophthalmic Specialist.*

The number of children seen at the Eye Clinic during the year was 1,419, which is approximately the same as last year. Of these 381 were new cases. Spectacles were prescribed or lenses changed in existing frames in 834 cases. 104 cases were treated for minor inflammatory conditions or diseases of the eye, including conjunctivitis, interstitial keratitis, congenital cataract and choroiditis. These figures include 214 cases from districts outside Poole seen for the Dorset County Council.

The position in the Orthoptic Clinic has not improved. The waiting list has lengthened and children waiting for orthoptic examination and report have their annual refraction considerably delayed. More of the Orthoptist's time is spent in examination than in treatment, which is the reverse of a proper state of affairs. It is hoped that the clinic will move shortly into more adequate premises with resulting benefit to all concerned.

CHILD GUIDANCE CLINIC

W. H. WHILES, M.R.C.S., L.R.C.P., D.P.M.,

Consultant Child Psychiatrist.

The Child Guidance Service has continued throughout 1953 on a similar basis to previous years. Owing to limited accommodation the preliminary investigations by the Educational Psychologist and Psychiatric Social Worker still have to be done at Burlea Towers, whereas the psychiatric sessions are held at the School Clinic, Market Street.

During the year 145 children have been seen, of which 91 were carried forward from the previous year, and 54 were new children seen during 1953.

During the latter part of the year, a parents' group has been started, in order to do more intensive work with mothers than was proving possible, owing to the heavy case load carried by the Psychiatric Social Worker, who is responsible for all the work in the County as well as in the Poole Area. Following a short break over Christmas this group will be continued in 1954.

The position with regard to new cases is very satisfactory, as at the end of the year only 4 children were waiting for preliminary investigation and a further 4 were waiting psychiatric interview, before full diagnosis was completed.

The treatment position, however, is much more difficult. There are at present 9 children receiving intensive individual psychiatric treatment weekly. The treatment waiting list has 12 other children from Poole waiting intensive psychiatric treatment. This is a most conservative estimate as a number of others are being dealt with by more superficial methods and could really benefit by more intensive treatment. It will be a long time before most of these children get a chance of the intensive treatment they need, particularly when it is remembered that the psychiatric sessions held in Poole have to cover all children from the surrounding County area, for whom Poole is the most convenient centre.

Below are given the details of the new cases seen during 1953 who lived in the Borough of Poole and corresponding figures for similar cases closed during the year :

Carried forward from 1952	...	...	...	91
New children seen during 1953	...	...	...	54
Closed during 1953	...	...	...	64
Total open cases on 31.12.53	...	...	...	81
Awaiting first interview on 31.12.53	...	...	...	4

Analysis of cases closed 1953

Diagnosis only	...	30
Satisfactory adjustment	...	20
Unco-operative	...	9
Moved to other areas	...	2
Transferred to other agencies		3
		<hr/>
		64
		<hr/>

**Analysis of new cases
seen during 1953.**

<i>Sources of referral</i>			
Medical Officer	...	.....	20
General Practitioners	...		27
Education Officer and			
Head Teachers	...	...	3
Probation Officer	...	...	3
Other Sources	...	...	1
			<hr/>
			54
			<hr/>

**Problems for which children
were referred**

Behaviour problems	...	25
Nervous symptoms	...	12
Educational problems	...	2
Enuresis	...	10
Special advice	...	3
Psycho-somatic symptoms	...	2
		<hr/>
		54
		<hr/>

Age groups

Pre-school age	...	...	1
Infant School age	...	...	6
Junior School age	...		28
Secondary School age			
(Modern)	...	...	13
Secondary School age			
(Grammar)	...	...	6
			<hr/>
			54
			<hr/>

SPEECH CLINIC

MISS S. M. DARBOURNE, L.C.S.T., *Speech Therapist*

During 1953 speech clinics continued to be held in the Henry Harbin School, Poole, the Herbert Carter School, Hamworthy, and "Torvaine", Parkstone, with a total of 70 children receiving regular treatment. 24 cases were discharged with normal or improved speech and 6 for other reasons, such as leaving the district or non-attendance, leaving 40 children still under treatment at the end of the year. This is a larger case load than is desirable with only 2½ days a week available for treatment, but the waiting list still remained fairly constant at 20. By restricting treatment to fortnightly, and then monthly, attendances as the child improves, it is possible to carry this number of cases and an urgent one can generally be admitted without too much delay.

About 60% of the children treated were suffering from articulation defects. These ranged from an inability to produce one sound such as 'S' to a severe defect involving many consonants with a resulting unintelligibility of speech. The latter defect occurs mainly in children between the ages of 4 and 6 years. The attitude of many people is that this is only 'baby talk' and that the child will grow out of it. This may be true in some cases, but the 'growing-out' process may take 2 or 3 years, during which time the child's education is virtually non-existent owing to the teacher's difficulty in understanding him. When treatment can hasten and assist correct speech development it is only right, in the child's own interest, that it should be given.

After articulation defects, stammers formed the next largest group. Unlike the former group there is no guarantee that this disorder will yield to treatment. There is no infallible cure for stammering. The theories and methods of treating this disorder are legion and it takes careful investigation to find the best approach for the individual concerned. In general, however, the basis of treatment could be summed up as being a building up of self-confidence and a lessening of physical and mental tension.

Other types of defects resulting from partial deafness, cleft palate and brain injury at birth, etc., were dealt with.

In conclusion a word must be said of the parents, school teachers, doctors and specialists who have co-operated in the treatment of these children. The success of treatment is due in no small part to their help and interest.

ASTHMA CLINIC

Attendance at this Clinic, held on Monday afternoons at Branksome Clinic, during the year was good and parents were most co-operative with home exercises and supervision.

During the year some thirty-six children have been seen. Twenty-four have been discharged, reducing the waiting list to fifteen.

HANDICAPPED PUPILS

Handicapped Pupils are defined in the Handicapped Pupils and School Health Service Regulations, 1953, as pupils who require special educational treatment.

The several categories of pupils requiring special educational treatment are:

- | | |
|------------------------------|---|
| (a) Blind | (f) Epileptic |
| (b) Partially sighted | (g) Maladjusted |
| (c) Deaf | (h) Physically Handicapped |
| (d) Partially deaf | (i) Pupils suffering from speech defect |
| (e) Educationally sub-normal | (j) Delicate |

A handicapped pupil for whose education at school arrangements are made by the Authority shall be educated :

- (a) if he is blind or deaf, whether or not he also falls within some other category of handicapped pupils, in a special school unless the Minister otherwise approves ;
- (b) if he is not blind or deaf, in a special school or an ordinary school as may be appropriate in his case.

The Education Act of 1944 places on the Education Authority the responsibility of ascertainment, examination and classification of educationally subnormal children. The accepted figure of educationally subnormal children, requiring special educational treatment, is 10% of the school population. 8-9% can be absorbed into the ordinary school system with special educational treatment either in an ordinary class or in a special class. About 1.2% will need education in a special school—1% in day special school, and 0.2% in residential special school.

Taking the school population in Poole as 11,000, about 132 children are unsuitable for education in ordinary schools, requiring special educational treatment in special schools.

There are no special day or residential schools in Poole and special residential school accommodation through the country is greatly limited.

Though there seems to be little or no difficulty in absorbing the less seriously handicapped children into the ordinary school system there is a serious lack of provision for those more seriously handicapped requiring admission to a special day school. To some extent the problem is being dealt with in Secondary Modern Schools by the segregation of backward pupils into a stream where they can be catered for more adequately.

Consideration is being given to the provision of special day-school facilities in and near the Poole area either in existing premises or by adaptation of other buildings.

Details of the handicapped pupils examined and placed in the various categories during 1953, and the numbers on the register on the 31st December, 1953 are as follows:

	Ascertained in 1953	Total on Register 31.12.53
Blind	—	2
Partially sighted	2	2
Deaf	1	10
Partially deaf	1	4
Delicate	—	2
Educationally sub-normal	27	116
Epileptic	1	2
Maladjusted	5	19
Physically Handicapped ...	5	16
	<hr/> 42 <hr/>	<hr/> 173 <hr/>

Of the 27 educationally subnormal pupils examined during the year, 22 were recommended for special educational treatment in an ordinary school, 3 for admission to a special day school and 2 for admission to a special residential school.

In addition to those examined and ascertained as handicapped pupils above:

7 were examined and recommended for report to the Local Health Authority under Subsection 3 of Section 57 of the Education Act, 1944.

2 were examined and recommended for supervision after leaving school in accordance with Subsection 5 of Section 57 of the same Act.

6 were examined in accordance with Section 57 (5) but were not deemed to require supervision after leaving school.

8 educationally sub--normal children were re-examined and found to be still educationally sub-normal. Various changes were made in the recommendations regarding their education.

2 educationally sub-normal and maladjusted pupils were re-examined and the recommendations changed from special educational treatment in an ordinary school to education in a special residential school for educationally sub-normal pupils.

8 physically handicapped children were re-examined and found no longer to require special educational treatment.

5 children were specially examined but were found to require no special educational treatment at present.

Handicapped pupils in special schools

Category	Admitted during 1953	Discharged during 1953	No. at end of 1953
Blind	—	—	2
Partially sighted	—	—	—
Deaf	1	1	8
Partially Deaf	—	—	1
Delicate	—	—	—
Physically Handicapped	3	2	3
Educationally Sub-normal	5	3	15
Maladjusted	3	1	7
Epileptic	1	1	2
TOTAL	13	8	38

JUVENILE DELINQUENCY

During 1953, 155 school children appeared before the Juvenile Court, charged with various offences such as larceny, burglary, wilful damage, etc., excluding minor traffic offences. At the end of 1953 there were 19 children from the Borough in approved schools.

INFECTIOUS DISEASES IN SCHOOL CHILDREN

The following notifiable infectious diseases occurred in school children during the year. The incidence at all ages is shown for comparison. Comparable figures are also given for the year 1952.

Of the twelve children notified as cases of poliomyelitis, two were paralytic and ten non-paralytic. All were admitted to the Alderney Isolation Hospital, Poole. There were no deaths.

The increase in measles is a reflection of the biennial nature of the recurrence of outbreaks normally associated with the disease. A similar phenomenon is noted with regard to Whooping Cough.

	1952		1953	
	<i>School Children</i>	<i>All Ages</i>	<i>School Children</i>	<i>All Ages</i>
Haemolytic streptococcal infection—				
Scarlet Fever	34	40	33	49
Erysipelas	—	9	—	7
Measles	236	360	824	1611
Whooping Cough	73	136	139	302
Pneumonia	3	27	8	74
Poliomyelitis	4	6	12	40
Dysentery	1	2	—	—
Food Poisoning	2	6	—	6
TOTALS	353	586	1016	2089

DIPHTHERIA IMMUNISATION

122 school children who had not been immunised in infancy received their first inoculations after entering school. 1,030 school children who had been previously immunised received “reinforcing” doses, which are recommended about every four years in order to keep the immunity at a high level.

Regular immunisation sessions are held at the various clinics in the Borough, but where possible special sessions are held at the schools to prevent the ordinary school routine being interrupted unduly.

The following table shows the number of children who were immunised during the year. The figures for the preceding four years are also given for comparison. The fall in the number of inoculations was due to the discontinuance of the procedure, as a precautionary measure, during the poliomyelitis season.

	1949	1950	1951	1952	1953
Number of children who were immunised for the first time—					
Under school age	792	1018	837	838	669
School Age	82	70	142	129	122
Number of school children who received a “Reinforcing” dose	1211	980	1117	1495	1030

INFESTATION

A clinic is available for the treatment of scabies and head infestation. 1 school child, who attended twice, was treated for scabies during the year compared with none last year.

64 children with persistent or severe head infestation attended for treatment, making a total of 140 attendances.

CO-OPERATION WITH THE EDUCATION DEPARTMENT

Close co-operation exists between the School Health Service and the Special Services Section of the Education Department. In addition most of the Head Teachers have shown a keen interest in the health of the pupils under their care and have been most helpful in making arrangements for medical inspections.

There is also close liaison with the School Attendance Officers, who frequently bring to the notice of the School Medical Officer cases of prolonged or frequent absence due to illness.

THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

The local inspector of the Society keeps in close touch with the School Medical Officer's Department. The Society deals with cases of child neglect and is frequently most helpful in persuading disinterested or neglectful parents to have essential treatment carried out where this has been recommended by the School Medical Officer. Mr. Woolley, the local inspector, dealt satisfactorily with many difficult cases of neglect by giving kind but firm advice in the home with the result that there were no prosecutions in which school children were concerned.

PROVISION OF SCHOOL MEALS AND MILK

During the year 83.9% of the school children took their daily allowance of one-third of a pint of milk.

The daily average number of mid-day meals provided was 4,949. In certain cases of financial hardship meals are provided free of charge and in 1953 the total number of such meals provided was 78,782.

MEDICAL EXAMINATIONS FOR SUPERANNUATION AND FITNESS FOR APPOINTMENT

During the year 34 medical and X-ray examinations were carried out on teachers and other staff.

35 entrants to training colleges were examined in accordance with Ministry of Education Circular No. 249.

SCHOOL DENTAL SERVICE

W. K. RIMMER, L.D.S., D.D.S., *School Dental Officer.*

The number of children inspected for dental treatment this year shows an increase and it will soon be possible to carry out the routine inspection of each child on an annual basis. During the year a considerable amount of time was lost, partly through the illness of one dental officer and partly through the unavoidable delay in replacing another dental officer who had resigned ; but in spite of this, definite progress has been made.

The building of the new clinic at Hamworthy has at last been started. This clinic, which will have a section to be used for dental treatment, is expected to be in operation next year.

Parents generally appear to take more interest now in the teeth of their children than they did in the past, and in this connection the work of the oral hygienist is proving to be very effective. The difference in appearance when teeth have been cleaned and polished is sometimes very obvious, and the parent is as pleased as the child with the result. Usually some difficulty is found in convincing younger children that there is any useful purpose in cleaning the teeth regularly, but most cases show an improvement in tooth-brush habits after a visit to the oral hygienist. This work, which at present is confined mainly to the area served by the Branksome clinic, will be extended to the other side of the Borough when the Hamworthy clinic is opened.

Dental Inspection and Treatment

(1) Number of pupils inspected:

(a) Periodic age-groups	...	...	6,079
(b) Specials	...	...	586
(c) Total	...	...	6,665

(2)	Referred for treatment	...	...	3,576
(3)	Actually treated	...	...	2,534
(4)	Attendances for treatment	...	...	6,795
(5)	Half-days devoted to:			
	(a) Inspection	...	...	71
	(b) Treatment	...	...	965
(6)	Fillings:			
	Permanent teeth	...	...	3,149
	Temporary teeth	...	...	295
(7)	Extractions:			
	Permanent teeth	...	...	839
	Temporary teeth	...	...	3,007
(8)	General anaesthetics	...	...	1,961
(9)	Other operations:			
	Permanent teeth	...	...	1,072
	Temporary teeth	...	...	95
<hr/>				
	Local anaesthetics	...	...	773
	Regulation appliances	...	...	9
	Dentures	...	...	16

SCHOOL HYGIENE

The sanitary circumstances of schools in Poole are generally satisfactory, apart from a few of the older schools where attempts have been made to reach a reasonable standard of hygiene by alteration and adaptation, but these schools are on the whole overcrowded, badly ventilated, poorly lit and the sanitary arrangements inadequate.

The more modern schools are constructed on hygienic lines and are generally satisfactory.

The Sanitary Inspectors make routine inspections of school premises, including school kitchens, and there is a close liaison between the School Meals Service Supervisor and the Sanitary Inspectors.

APPENDIX

Personal Health Services in the Borough of Poole

With the coming into operation of the National Health Service Act, 1946, the Personal Health Services, which were formerly carried out by the Poole Borough Council, passed on the 5th July, 1948, to the Dorset County Council as the Local Health Authority. The Annual Report of the County Medical Officer, Dorset, deals with these services throughout the County and includes the statistics relating to the Poole area. As, however, for the past 30 years the Medical Officer of Health, Poole, has given details of these services in his Annual Report, the following statistics relating to the Personal Health Services are included to preserve continuity of records.

The Local Health Authority is responsible for the following Health Services which are personal as distinct from the environmental :—

Health Centres (Section 21)	Care of Mothers and Young Children (Section 22)
Midwifery (Section 23)	Home Nursing (Section 25)
Health Visiting (Section 24)	Ambulance Services (Section 27)
Vaccination and Immunisation Section 26)	Domestic Help Service (Section 29)
Prevention of Illness, Care and After-Care (Section 28)	

Of these, the care of mothers and young children, midwifery, health visiting, immunisation, ambulance and the domestic help service had been, prior to the 5th July, the responsibility of the Borough of Poole. On the appointed day a Sub-Committee of the Dorset County Council, known as the Poole Area Health Sub-Committee, was set up, and to it were delegated by the County Council the day-to-day administration of the Care of Mothers and Young Children, Midwifery, Health Visiting, and Domestic Help, the County retaining responsibility in respect of the non-delegated services :—Health Centres, Home Nursing, Vaccination and Immunisation, Ambulance, Prevention of Illness, Care and After-care. The Poole Area Medical Officer works in close co-operation with the County Medical Officer in respect of the non-delegated services.

In passing it may be noted that Poole can claim with justification and satisfaction that it was one of the pioneers in child welfare work, as it was here that one of the first child welfare clinics in the country began. About the year 1908 the "Poole Mothers' Association" was formed. This became known in 1914 as the "Poole School for Mothers", and later took the title of the "Poole Maternity and Child Welfare Voluntary Association". This voluntary association was absorbed into the Poole Child Welfare Services at the end of 1945 and on the 5th July, 1948, these services passed to the Dorset County Council.

STATISTICS

Care of Mothers and Young Children

There are 13 Child Welfare Clinics in the borough and during 1953, 952 children made 14,234 attendances. Of these attendances 8,729 children were under 1 year and 5,505 were between 1 and 5 years.

Dental Treatment

The tables below show in detail the dental treatment provided for expectant and nursing mothers and for young children in 1953. The general arrangements are unchanged, the mechanical work in connection with dentures being done by a general technician.

(a) Numbers provided with dental care:

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
Expectant and nursing mothers	65	58	47	44
Children under five ...	129	99	85	68

(b) Forms of dental treatment provided:

	<i>Extractions</i>	<i>Anaesthetics</i>		<i>Fillings</i>	<i>Scalings or Scaling and Gum treatment</i>	<i>Silver Nitrate treatment</i>	<i>Dressings</i>	<i>Radiographs</i>	<i>Dentures provided</i>	
		<i>Local</i>	<i>Gen.</i>						<i>Com- plete</i>	<i>Par- tial</i>
Expectant and Nursing mothers	60	42	2	86	13	—	10	2	5	6
Children under five	100	2	66	69	—	1	6	—	—	—

Midwifery

During 1953, there were 10 domiciliary midwives employed in Poole by the Dorset County Council, being under the direction of the Poole Area Supervisor of Midwives. There were also 17 institutional midwives, a total of 27. There were 1,127 confinements in the borough; of these 587 were attended by the domiciliary midwives. There were 364 confinements in Poole General Hospital.

Ante-natal and Post-natal Clinics

The combined Ante-natal and Post-natal Clinic is held once a month at Old Town and Branksome Clinics. The number of patients who attended these during the year is as follows :

Clinic	Ante-Natal		Post-Natal	
	Ist Attend.	Total	Ist Attend.	Total
Old Town	31	97	24	25
Branksome	13	27	8	8
Total	44	124	32	33

723 patients attended the Ante-natal Clinic at Poole General Hospital, making a total of 4,711 attendances. 456 women attended this Post-natal Clinic, making 650 attendances.

Midwives' Acts, 1902-1936

The following table shows the progress in the reduction of maternal mortality, stillbirths, and infantile mortality during the past 10 years.

Year	Total live Births	Stillbirths	Domiciliary Births		Institutional Births	Medical Aid Summonses	Maternal Deaths	Total Deaths of Infants under 1 year
			Midwives	Maternity Nurses				
1944	1327	37	486	344	497	34	—	50
1945	1298	33	425	307	566	28	2	68
1946	1541	45	491	346	704	46	4	54
1947	1667	30	661	391	615	69	—	37
1948	1326	29	372	344	610	87	—	40
1949	1273	22	240	397	658	42	1	24
1950	1231	27	280	293	685	32	1	27
1951	1235	18	379	214	642	12	2	39
1952	1147	25	436	128	583	2	—	36
1953	1127	20	435	152	640	—	—	28

Maternal Mortality

There were no maternal deaths in the borough during the year.

Infantile Mortality

There were 1,127 live births and 28 deaths of infants under 1 year, giving an infantile mortality rate of 24.84.

Ophthalmia Neonatorum

There were no cases of ophthalmia neonatorum during 1953.

Contraception

121 women attended this clinic during the year and were given advice and instruction in accordance with Ministry of Health Circular 1408 of 1934. 658 attendances were made.

Immunisation and Vaccination

During the year 669 children under 5 were immunised against diphtheria. Of these, 249 were under one year and 150 between 1 and 2 years. 46 re-inforcing doses were given to children who had been previously immunised. 254 pre-school children were vaccinated during 1953.

Health Visiting

During 1953, there were 9 Health Visitors and 1 Superintendent Health Visitor. The following domiciliary visits were paid to expectant mothers and children under 5 years:—

First Visits to Expectant Mothers	...	...	102
Total Visits to Expectant Mothers	...	...	118
First Visits to children under 1	...	...	1218
Total Visits to children under 1	...	...	6643
Total Visits to children 1-5 years	...	...	11715
Total Visits to Tuberculous Households	...	...	1128
Total Visits to other cases	...	...	15395

Ambulance Service

The staff of the Poole Area Section of the Dorset County Ambulance Service during 1953 was one supervisor, one deputy supervisor and eleven driver-attendants. Four first-line ambulances, two second-line ambulances and three Utilicon sitting ambulances were in operation. The number of journeys covered by the ambulances and the Hospital Car Service was 10696, and the total mileage travelled was 182,912.

Domestic Help Service

During the year the Poole Area Domestic Help Organiser supplied help to 217 cases, 38 domestic helps being employed.

